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UNIVERSITY OF SOUTHAMPTON

FACULTY OF MODERN LANGUAGES

**Investigating the Motivation behind Language Alternation in
the Multilingual Medical Workplace: A Study of Language
Practices at King Abdul Aziz Specialist Hospital, Saudi Arabia**

by

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Thesis for the degree of Doctor of Philosophy

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UNIVERSITY OF SOUTHAMPTON

ABSTRACT

Thesis for the degree of Doctor of Philosophy

INVESTIGATING THE MOTIVATION BEHIND LANGUAGE ALTERNATION IN THE MULTILINGUAL MEDICAL WORKPLACE: A STUDY OF LANGUAGE PRACTICES AT KING ABDUL AZIZ SPECIALIST HOSPITAL, SAUDI ARABIA

Jalal H. Al-Mathkuri

This study investigates the use of Language Alternation (LA) between Arabic and English by the employees of King Abdul Aziz Specialist Hospital (KASH) from a socio-cultural perspective in order to explore the motivation behind LA practices in this multilingual medical workplace. There were 75 participants including doctors, nurses, and administrative employees. Most of the participants are Saudis, however some of them are nationals of other Arab countries and others are non-Arab, in both cases having different linguistic and cultural backgrounds.

Data for this qualitative study were collected through observations, recording of naturally occurring interactions, and individual semi-structured interviews. The duration of the recorded material is nearly 35 hours.

Using a combination of Interactional Sociolinguistics (Gumperz 1982), Politeness Theory (Brown & Levinson, 1987 and Scollon, et al., 2012), and Accommodation Theory (Giles & Powesland, 1975; Giles, 1973; Giles et al., 1987 and Giles, et al., 1991) as a theoretical framework, the findings from the data were grouped in themes and analysed in order to find out the reasons for and functions of LA.

The results of the analysis indicate that the use of LA among the employees of KASH was generated by two major types of factors: institutional factors, due to which participants appeared to switch from one language to another because of conditions and/or constraints arising from the institutional setting, and cultural factors, which appeared to result in participants alternating between Arabic and English due to certain cultural beliefs and norms delineating cultural differences and overcoming cultural issues arising from the use of a foreign language.

The major findings of this study include that LA is used to resolve communication difficulties, to facilitate effective communication using particular technical concepts and expressions, to negotiate power, hierarchy and personal relationships, to avoid using certain Arabic terms that are regarded as sensitive by some listeners, and to preserve the meaning of certain terms and expressions by using them in one particular language rather than the other, especially those regarded as formulaic chunks with specific cultural significance. The study concludes with research implications, implications for medical authorities and educators, and recommendations for future research.

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DECLARATION OF AUTHORSHIP

I, Jalal H Al-Mathkuri declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

‘Investigating the Motivation behind Language Alternation in the Multilingual Medical Workplace: A Study of Language Practices at King Abdul Aziz Specialist Hospital, Saudi Arabia’

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission.

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Date:

Chapter One: Introduction

This chapter begins by setting out the background and motivation of the study (1.1). It then explains and justifies the research context and the choice of the site of the study (1.2), the aim of the study and the research questions (1.3), the theoretical framework and methodology (1.4). The chapter concludes with a brief overview of the main chapters of the thesis (1.5).

1.1 Background and Motivation

While engaged in any kind of communication, bilinguals and multilinguals move from one language to another. In this respect, linguists distinguish between various types of activity, such as ‘code switching’ and ‘code mixing’. The term Language Alternation (LA henceforth) is used in this project to refer more generally to any linguistic activity that involves a movement from one language or dialect to another.

There are two main approaches to the study of LA: the grammatical approach and the socio-functional approach. As the name suggests, the grammatical approach investigates the phenomenon of language alternation from a grammatical perspective in order to find out where such alternations take place in the utterance and which items speakers switch to, whether a morpheme, a phrase or a sentence. Whereas the socio-functional approach investigates language alternation in relation to the social factors that influence the switch, such as age, education, gender, and other social factors, in order to see the influence of such factors on the language choice of the speakers.

Since the medical context is so important and successful communication is vital for effective and appropriate treatment of patients (Nemeth, 2008; Brown, Crawford and Carter 2006; see also the discussion of Perakyla's study in Chapter 2, section: 2.5.1 below), research in this area is important both to develop understanding of LA in such sensitive contexts and to inform training policies and workplace practices. Although there are many studies on medical communication, most of them focus on doctor-patient interaction, for instance, Perakyla (1995), Heritage & Clayman (2010), and Asp & Villiers (2010), and little attention has been paid to doctor-doctor or nurse-doctor communication, so such kinds of communication constitute the heart of this study.

In the Saudi medical context, researchers have mostly ignored language alternation in this important field of research. The fact that many health professionals are from different countries and many of them do not speak Arabic may give rise to communication difficulties. Communication may also be hindered by different levels of proficiency in English, even though English is widely used in medical training in Saudi Arabia (Al-Yousuf et al., 2002). Few studies have been conducted in the medical context in the Kingdom of Saudi Arabia (KSA). One rare example is Makoshi (2006), who investigates the use of English by Arabic native speaker nurses in King Fahad National Guard Hospital in Riyadh focusing on the effectiveness of the nursing college programme that prepares native Arabic-speaking nurses for hospital work. However, this study does not consider LA in the medical workplace itself. Another study, also conducted by Makoshi (2014), focuses on LA in academic medical lectures in Saudi Arabia but this study also does not tackle workplace communication and the use of LA by medical personnel in real life situations. Thus, previous studies in medical contexts in KSA have not focused on the presence of LA in workplace communication, which includes formal and informal types of interactions that vary according to participants and topic of conversation. This study therefore aims to fill this gap by making a

contribution to our knowledge of workplace communication in which Arabic and English are used through a detailed investigation of the function of each of these two languages at the study site and of speakers' motivations.

1.2 Research Context and Choice of Field Site

This section first provides an overview of the study context (1.2.1). It begins (1.2.1.1) with an introduction about the Kingdom of Saudi Arabia (KSA), the country of the study, including its location, boundaries, history, economy, etc. Then (1.2.1.2) a short discussion of the society and life of the foreign workers in Saudi Arabia is presented. Medical settings in KSA are discussed in 1.2.1.3, and finally section 1.2.1.4 deals with languages used in these medical settings. Section 1.2.2 is devoted to the choice of King Abdul Aziz Specialist Hospital (KASH) as the site of the study, and the languages used in this site.

1.2.1 Research Context

1.2.1.1 Saudi Arabia

The Kingdom of Saudi Arabia (KSA), also commonly known as Saudi Arabia, is located in the Middle East. Its area is about 2,000,000 square kilometres; it is the largest country in the Arabian Peninsula. As can be seen in Map 1.1 below, the United Arab Emirates (UAE), Kuwait, Bahrain, Qatar and the Persian Gulf or the Arabian Gulf border it to the east. The Red Sea borders the entire western region and stretches about 1,760 kilometres (1,100 miles). KSA shares borders with Jordan and Iraq to the north and with Yemen and Oman in the south.



Map 1.1: Saudi Arabia. The green star represents Taif location on the map

In KSA, Arabic is the official language. It is one of the world's major languages spoken by more than 200 million people and is an official language in 25 countries (Newham, 2015). It is usually divided into three main types: Classical Arabic (CA), Modern Standard Arabic (MSA) and Colloquial Arabic.

Classical Arabic is the language of the Holy Qur'an and the language of the pre- and post-Islamic periods. It is the most prestigious form of Arabic for all our modern writers in the sense that they try to follow the syntactic and the grammatical norms established by classical grammarians. Although it is not used as an L1 of anyone at present, it is not considered a dead language because of its religious importance (Al-Saidat & Al-Momani, 2010). MSA is derived from CA.

Currently, across the Arab World, it is the language of literature, media, education, formal speech, etc. In daily interactions Arabic speakers tend to use Colloquial Arabic, but when mutual intelligibility between people speaking different dialects of Arabic is absent, MSA may be used as a means of communication. The term ‘Colloquial Arabic’ refers to any of the spoken varieties of Arabic used throughout the Arab world; these often differ radically from the literary language. Although these colloquial varieties are similar and generally mutually intelligible, some of them diverge greatly to the extent that they can be considered mutually unintelligible (Al-Saidat & Al-Momani, 2010); for instance, it is difficult for a Saudi Arabic speaker to understand a speaker of Moroccan Arabic.

Therefore, Arabic is the medium of communication among the Saudis. Although non-Arabic speaking expatriates tend to use English, they may also try to learn Arabic in order to communicate with the native citizens (Alqahtani, 2011). The choice of Arabic spreads to other situations; for example, English is the language of the workplace in hospitals, but many physicians use Arabic as an alternative to English in order to communicate with patients who do not know English (ibid). Many members of the Saudi society contend that Arabic is vital in ensuring the preservation of Saudi Arabian identity, culture, and society. Arabic is also considered a holy language, due to its use in the Holy Qur’an and the Islamic religious teaching guidance (Osailan, 2009).

Although most of the population in KSA speak the Saudi Colloquial variety of the Arabic language, Modern Standard Arabic is used in government communications, education and for other such official domains. However, English is used in business, industry, healthcare, and many other fields. Moreover, it is used when communicating with all non-Arabic speakers (Habbash, 2011). Therefore, and since Saudi Arabia is a major oil producing and exporting country to many countries worldwide, the importance of English as a source of professional growth

that plays a significant role in international trade has been understood by both the government and people of KSA. Thus, it becomes a necessity for linguists to investigate all aspects of teaching and learning English as a foreign language.

The capital city, Riyadh, is located in the middle of KSA. The kingdom is divided into 13 provinces; each province has a number of districts where geographical environment and people may differ from one province to another. The population of the Kingdom of Saudi Arabia including foreign nationals is around 31 million (CDS, 2016). Out of the total population, Saudi citizens constitute only 20 million whereas the other 11 million are foreign workers from different countries.

The Kingdom of Saudi Arabia is known as the birthplace of Islam and the kingdom is sometimes called “the Land of the Two Holy Mosques” in reference to Al-Masjid al-Haram (in Makkah), and Al-Masjid al-Nabawi (in Medina), the two holiest places of Islam. Islam dominates the customs, beliefs and culture of people in KSA. KSA is a Muslim country in which 85-90% of the population are believed to be Sunni Muslims and the remaining 10-15% are Shi’a Muslim (Al-Qudaihi, 2009). A huge number of Muslim tourists visit the kingdom for pilgrimage (the Muslim Hajj) or to pay a visit to the holy cities especially during Ramadan and other key Islamic festivals each year. They expect communication to be in English and Arabic, so learning and teaching of English plays an important role in the global trade associated with the Muslim tourist. This is due to the fact they have different cultural and linguistic backgrounds, so it is essential for Saudi citizens to communicate with them through an international language such as English.

Economically, Saudi Arabia is one of the wealthiest countries in the world as the Gross Domestic Product (GDP) is US\$ 756.3 billion (World Bank, 2014). KSA has one of the world’s major oil reserves (about 25% of the world reserves) and is

the second largest oil producing country after the United States. Thus, the economy depends greatly on oil as the major source of wealth which constitutes about 80% of the country's income.

1.2.1.2 Foreign Workers in Saudi Society

The discovery of oil in KSA took place in the late 1930s. As a result, the government launched massive spending on different projects including infrastructure, education, and healthcare (Alkharashi, 2012). Due to the shortage in Saudi manpower, the government and employers had to hire foreign workers from different countries. As a result, from the beginning of the 1970s onwards, the country witnessed a large inflow of foreign workers making up a little less than one-third of the kingdom's total population. Across all occupations and skill levels, they form around two-thirds of the total workforce and 95 percent of labour in the private sector (Pakkiasamy, 2004). The majority of the foreign workers are from Asian countries such as India, Pakistan, Bangladesh, the Philippines, and Indonesia. However, foreign workers are also hired from some Middle Eastern countries including Egypt, Jordan, and Yemen (Alrashidi & Phan, 2015). In addition, some workers are from Europe and North America.

Due to the fact that the local citizens were not meeting the manpower needs necessary for the above projects, employers started to employ skilled foreign workers dominating high-skilled positions, usually from Europe and North America, and low-skilled foreign workers who dominated low skills occupations, generally from South and Southeast Asia. As a result, many South Asians and Southeast Asians migrated to the country. (Pakkiasamy, 2004).

Foreign workers enter the kingdom on a service visa sponsored by the company or the individual that hires them. The sponsor has to renew this visa and the employee's residence permit (*iqama*). A small number (15%) of foreign workers

are found in skilled labour industries such as oil, healthcare, finance, or trading; otherwise the majority of them are employed in agriculture, cleaning, construction, or domestic services where there is a demand for low-skilled workers (Pakkiasamy, 2004).

Recent figures show that the Kingdom has between 1 and 1.5 million foreign workers each from India, Bangladesh, and Pakistan, and 900,000 workers from the Philippines. These two groups constitute more than half the foreign workers of KSA (ibid). Expatriates from neighbouring Arab countries also constitute a large portion of the Kingdom's expatriate population. In particular, about 100,000 expatriates are from Western states: 40% of them are from the United States and 30% are from the United Kingdom; they are mostly recruited in skilled labour occupations. However, their number has been reduced in the oil sector after it was absorbed into the public sector since 1988 and as a result of the process of Saudization, an initiative that aims at increasing employment of Saudi nationals across all sectors of the national economy in order to reduce the requirement of foreign workers and recapture and reinvest income that would have otherwise flowed overseas as remittances (Pakkiasamy, 2004).

As for communication between foreign workers and local people and in spite of the efforts of the employers to hire foreign workers for their ability to communicate in English, in addition to their job qualifications (Al-Harby, 2005), there exists in Saudi Arabia, together with other Gulf Countries, a medium of communication known as Gulf Pidgin Arabic (GPA) (Bakir, 2010). This communication system is created by foreign workers and their employers or those who need to communicate with them, so it is used to communicate with other groups who have different linguistic backgrounds (Al-Zubeiry, 2015). Bakir (2010: 202) describes GPA as a reduced linguistic system used in communication between the non-national labour force and the native Arabic-speaking community

in the various countries of the Arab Gulf and Saudi Arabia. GPA has not developed into a creole since it has no native speakers (ibid). It is used in a variety of contexts: for example, in the market when speaking to the storekeeper; in workplaces to give orders to the helpers, janitors, porters, and other workers of low ranks of the employment hierarchy; and at home when talking to the maid, drivers and others (Bakir, 2010)

Al-Zubeiry (2015) summarizes the factors that may have led to the existence of GPA especially in Saudi Arabia:

1. The need of foreign workers to communicate with their employers.
2. Social gap between the dominant community of the native Arabs and non-dominant community of the workers which may discourage them to learn the language of the dominant community.
3. Diverse linguistic backgrounds of the foreign workers involving different languages such as Hindi, Urdu, Malayalam, Tamil, Bengali, Nepalese, Tagalog, and others may encourage them to simplify and reduce the system of the language of the host group in order to communicate with each other when they don't have another common language.
4. Lack of Arabic language institutes in Saudi Arabia encourages foreign workers to learn GPA from their own country-men or co-workers (Al-Zubeiry, 2015: 48).

1.2.1.3 Medical Settings in the Kingdom of Saudi Arabia

In the Kingdom of Saudi Arabia, health care services can be traced back to 1949 when there were only 111 doctors and less than 100 hospital beds (Alghamdi,

2012). The Ministry of Health (MOH) was established in 1951 and since then the health system gradually developed until 1965 after which the system developed dramatically along with the growing population. The number of health centres reached 2427 and there are 408 hospitals (Alghamdi, 2012: 58). The hierarchical structure of the Ministry of Health consists of four layers: the Ministry of Health, the Healthcare Affairs Directorate, Hospitals, and Health Care Centres (Alghamdi, 2012).

The Ministry of Health is the main entity, located in the capital city, Riyadh. It is considered the main supplier of health care in KSA (ibid: 59). It controls and provides supervision for all health care institutions, governmental or private, and it holds the main responsibility for everything related to health care which includes planning, financing, managing and directing the health sector (ibid: 58).

Second, the Ministry of Health authorizes some directorates in every city across the country to supervise and regulate health care in hospitals and healthcare centres. These directorates, in turn, report to the main entity, the Ministry of Health, regarding the medical processes in all relevant institutions.

Third, hospitals can be divided into three main categories: (1) governmental hospitals, (2) private hospitals and (3) military hospitals. Most of the hospitals in these three categories provide health care services in most of the medical specialties like ophthalmology, urology, orthopaedics, etc., while some hospitals are specialized in one or two of these medical specialties. The hierarchical structure is similar in the three categories of hospitals. This normally consists of a head for the whole organization and then deputy head; similarly, there is a head for every department and under each department head there is a deputy. The only difference is that the head in the military hospital should be a military doctor not a civilian one. Government hospitals offer free treatment for Saudi nationals

whereas they are not free for non-Saudis. Private hospitals accept Saudi and non-Saudi patients and normally they provide advanced and high-quality services and are mainly staffed by foreign doctors. Military hospitals only accept military patients or their families.

Finally, there are health care centres which spread across the country. Normally, there is a health care centre in every neighbourhood which serves the residents in that area. The number of health care centres rose from 519 centres in 1970 to 2427 centres in 2009 (ibid: 60). Health care centres provide services for patients who have common chronic medical problems like diabetes or high blood pressure. Patients normally visit health care centres for minor medical problems, and if the patient's condition needs further investigation or diagnosis he gets a referral to the main hospital.

In order to develop and improve the health care facilities countrywide, the Kingdom has invested enormously in this sector in an attempt to provide free access to healthcare services for every Saudi citizen and expatriate working within the public sector (Aldosary *et al.*, 2008). As a result of the growth in the healthcare sector, more healthcare professionals were required; this is a major challenge the country has been struggling to address. The expansion of healthcare facilities has not been matched by a growth in national manpower and there has been a history of steadily low rates of employment by Saudi nationals in the country. This shortage has been dealt with by employing foreign workers from other countries in most of the workplaces including medical ones (Walston *et al.*, 2008). For instance, as reported in a study conducted by Aboul-Enein in 2002, the non-Saudi nurses at King Faisal Specialist Hospital and Research Centre in Riyadh come from over 40 countries and constitute about 95% of the total number of nurses.

The presence of foreign workers in filling the present shortage of national professionals is essential for the development of the health sector in particular and the whole country in general. However, there are some negative consequences especially on the quality of the care provided. One of the major problems is communication. On the one hand, many of the foreign workers do not speak Arabic, the patients' first language and only language for most of them, which results in a communication difficulty with patients (Aldossary *et al.*, 2008). On the other hand, many adult patients are poorly educated, so there is an educational gap between them and the physician. Another problem is regarding the foreign workers' period of stay (the average tenure is 2.3 years) which is relatively short. According to research by Walston *et al.* during this time physicians are likely to follow rules and not criticise the system; they consider themselves as hired functionaries, so they are less likely to be enthusiastic in their work or to take creative responsibilities (Walston *et al.*, 2008). Especially for Asian expatriate healthworkers, some local people hold the view that they have been using the Saudi hospitals and other medical units only as transit areas to gain the required experience for working in Europe and Canada (Alghamdi, 2012).

Medical education in Saudi Arabia is governed by the Ministry of Higher Education (MOHE). The ministry gives permission to establish new colleges and supervises the private medical colleges. Nevertheless, a number of medical colleges and institutions belong to MOH. As for Saudis, the Kingdom has provided scholarships to students to study medicine in other countries. The first medical college at King Saud University was founded in 1967 followed by the establishment of three colleges at King Abdul-Aziz University, King Faisal University in 1975 and a branch college of King Saud University in 1980, King Khalid University now. In order to provide local medical professionals, the Saudi government offered scholarships for high school graduates to pursue their studies in medical fields abroad and promised to provide job opportunities for every

graduate (Al-Eissa, 2008). In addition to the above four colleges, a fifth was established in Umm Al-Qurra University in 1996. However, the output was not satisfactory in regard to the number of Saudi physicians, who constitute less than 20% of the total number of working physicians in the country (MOH's Statistical Booklet 2007). As a result, the Saudi Ministry of Health (MOH) became aware of the fact that there was a need to accelerate the training of Saudi health personnel in all fields (Aboul-Enein 2002).

Therefore, at the beginning of this millennium, the MOHE established many medical colleges in order to develop the medical education and increase the number of medical professionals, encouraging them to specialize in different health and medical fields. The MOH Statistical Booklet (2008) reported that there were 33 health colleges out of which 18 were for females. A total of 12,237 male and female students were admitted to these colleges in 2008; the female students constituted about half (48.9%) of them. In addition, the number of students attending the university medical and health colleges that are governed by MOHE in 2008 was 22,917, of whom 43.1% were females. According to a study conducted by Aldosari (2017), more than half of the students and graduates of health and medical schools are women, whereas they represent about one-third of the physicians and nurses of the MOH workforce. According to other government services, Saudi women constitute 17% of physicians and 11% of nurses. Moreover, their presence in the private sector is very low as they make up only 8% of the physicians and 3.6% of nurses.

As far as medical training is concerned, the MOHE began local postgraduate training programmes based on the pattern of North American fellowships. In these programmes, the medical faculties took up the opportunity and worked together leading to the establishment of what is known as the 'Saudi Fellowships'. They accepted this scheme as a postgraduate programme. Especially for women, this

was an opportunity to join these fellowships because many of them could not study abroad. Now Saudi Fellowships are offered in all health specialties (Al-Falieh *et al.*, 2009). Moreover, in 1975 the Saudi physicians, who completed their fellowship training abroad, organised the first ‘Annual Saudi Conference’, a scientific and medical meeting covering all specialties. This conference was the first actual contribution to continuing medical education in Saudi Arabia. It continued to hold its annual meetings until 1982 when it was stopped for organisational reasons by the MOH’s higher authorities. Later, a corporate entity known as the Saudi Commission for Health Specialties (SCHS) was established by a Royal Decree in 1993. It is an independent scientific entity that aims, among other things, to provide and supervise all postgraduate training programmes of the health sector and has records for each health professional who has to register with SCHS in order to practise medicine in the Kingdom (Bajammal, et al., 2008). At present, it provides supervision for all postgraduate and fellowship activities in the Kingdom (Al-Falieh *et al.*, 2009). In addition to this, together with Saudi universities, SCHS is the original founder of medical societies in Saudi Arabia most of which organize scientific activities for their members including seminars and training courses (SCHS Annual Report, 1999-2011).

As for Saudis’ employment, most of the health workers are currently employed in the public sector. However, as a result of the planned disinvestment of publicly owned facilities, Saudis have to compete with foreign workers in the private sector. It seems that many of the private sector’s new jobs will be occupied by foreign workers who are ready to work for lower wages (Khaliq, 2012).

English, the medium of instruction of medicine in the country, especially for the more recent graduates, poses a challenge to the Saudi medical students (Telmesani *et al.*, 2011). In relation to the use of English in the medical field, Al-Harby (2005) conducted a study to investigate the English language communicative needs of

Saudi health professionals in the Riyadh area by investigating their language use in the workplace. The sample consisted of Saudi health professionals representing a variety of professions such as physicians, dentists, pharmacists and medical technicians. They are working in three different hospitals in the Riyadh area: King Abdulaziz Medical City (KAMC), the Riyadh Armed Forces Hospital (RAFH) and the Sports Medicine Hospital (SMH). The study showed that, among other findings, the majority of the participants communicate heavily with co-workers in English and they emphasized the importance of having a high level of proficiency in all English skills, though receptive skills were viewed as more important than productive ones, in order to perform their jobs effectively. Physicians and dentists use English more than pharmacists and applied medical specialists.

1.2.1.4 Language Used in Medical Settings

The sole official language of Saudi Arabia is Arabic, the first language of all citizens and about a third of the country's foreign workers. Other expatriates speak different languages as their first language such as Tagalog, Bengali, Urdu and Hindi, among others (Newham, 2015).

As far as the workplaces that are mostly engaged by foreign workers in the country, Al-Harby (2005) and Al-Eissa (2008) indicate that the situation, especially the medical one, is multinational and multilingual as most of the employees are foreign professionals with different backgrounds, trained in English or having an acceptable level of English proficiency (Al-Harby 2005). This has created the need to use English as a means of communication both between foreigners themselves because of their different linguistic backgrounds and with the Saudi healthcare professionals. (Al-Johani, 2009).

The language situation of the Saudi medical field is therefore an example of lingua franca communication (Al-Harby, 2005) as there are a large number of foreign

workers in the community of health professionals, and in fact foreign workers constitute the majority of health professionals. Since foreign workers are hired for their ability to communicate in English, in addition to their medical qualifications, on the one hand, and Saudis, except for a few older nurses, are able to use English because it is used for their medical training on the other, English has become the natural choice as a lingua franca for communication in this context (ibid).

However, especially in the medical field, a high level of English proficiency might not be required, as Ghobain (2014) has argued, since employees can communicate without any difficulties using their basic English level. Based on this, it seems that the medical environment is multinational and multilingual (Ghobain, 2014:13) and there is an unspoken policy that English is the medium of communication and represented as the lingua franca in such settings across Saudi Arabia (ibid:14).

1.2.2 Choice of Field Site

My interest in conducting this study stems from the fact that I had worked at a private hospital in Saudi Arabia for more than three months; during that period, I noticed that the use of LA is heavily employed by medical staff in various situations. They use both English and Arabic in the same conversation. While I had been aware of this practice before, I did not see language alternation as an interesting phenomenon. As some scholars (such as Blommaert & Dong, 2010) have pointed out, people sometimes do not see things around as interesting because they are used to them.

When looking at the studies focusing on the socio-functional approach (see section 2.2.3 below), we find that the motivation behind LA among medical personnel is still under-researched. Moreover, contexts where language alternation occurs are not yet adequately described. As far as this study is concerned, functions of LA are not yet clearly identified. Linguists such as Gumperz (1982), Gumperz & Hymes

(1986), and Myers-Scotton (1988; 1993a; 2000; 2006) (among others) have focused on investigating LA from the point of view of the analyst, so there is little known about the reasons why people alternate languages from their own perspective.

A great deal of research has been conducted on the phenomenon of language alternation in the workplace in general and in medical contexts in particular (see Chapter 2 below), but very little has so far been conducted in contexts where Arabic is one of the languages used in language alternation. As far as the aim of this study is concerned, I have chosen King Abdul Aziz Specialist Hospital (henceforth KASH) to be the site of the study because it is a multilingual and multicultural organisation on the one hand, and I am familiar with the whole site including people working there on the other. Although a number of languages are used for communication within the hospital, Arabic and English are the most commonly used languages. Therefore, this study is considered as a case study in which language alternation is made between Arabic and English in the Saudi medical context, and it is a potentially very rich site for sociolinguistic research.

KASH is a governmental hospital which is located in Taif in Saudi Arabia (see Maps 1.1 and 1.2). It was founded by the custodian of the Two Holy Mosques King Abdullah bin Abdulaziz Al Saud when he was crown prince on 8-8-1998 and it was opened on 4-8-2011 with a capacity of 500 beds on about 250,000 m² of which 88,000 m² is building area. KASH has seven buildings: main building, out-patient building, kidney centre, human resources and education building, recreation centres, staff accommodation, and main store building. According to Mr Khalid Abdul Bari (an officer in the Department of Research at KASH), the total number of employees is about 3000 in all sections. There are 397 Arab doctors, 92 non-Arab doctors, 140 Arab nurses, 1146 non-Arab nurses, 403 Arab administrative employees, 629 Arab technicians, and 94 non-Arab technicians.



Map 1.2: Taif. Yellow star shows the location of KASH

Based on my personal observations, the research site, KASH, is a multilingual setting in two senses. First, in the sense that it includes speakers of many different languages, not only Arabic and English. These languages may be widely observed in use in everyday practice throughout the hospital by all categories of personnel, however some individual members of staff may be monolingual speaking only Arabic, while others have more extensive linguistic repertoires. Second, KASH is a multilingual setting in the sense that, while there is no formal or explicit policy on language use, there is an implicit policy according to which medical personnel are expected to be able to perform their tasks in both Arabic and English.

Furthermore, documents and signage are normally either in Arabic or in English or in both languages (see Appendix VI, pictures 6-13). KASH may therefore be considered a multilingual institution both in terms of the language practices of its staff and in terms of its implicit language policy.

I approached the hospital authorities and introduced my intended project, and after they had granted me permission to conduct this study in the hospital, they

appointed someone to introduce me to the participants I chose while conducting the research. To make things authentic and to be sure that the phenomenon exists, I did a pilot study before starting to collect the required data. This pilot study was helpful in providing me with an initial insight about the workplace in general, such as the areas where LA takes place a lot and the participants that could be chosen for the study. After I had been introduced to the participants by the man appointed for this purpose by the hospital authorities, I approached them personally and explained to them the objectives of my study and what their roles are, and I asked them for their willingness to participate.

The locations that constitute the platforms of interaction in this study are the emergency room, the booking and ticketing office, out-patient clinics, the reception desk, the break room, the resort, and the corridor. These locations are chosen because they are the most populated areas in the hospital, thus, interactions of different types were expected to happen. In order to have a panoramic view of sample of the study, the data collection sessions are conducted in most of the above locations.

My role as a researcher in this study is that mostly I am an insider because I am engaged at some interactions. Being an insider, I can understand the emotional, and/or psychological states of participants. However, I am also an outsider because I am not an employee at the institution; in this way, participants are serious enough, so I can listen, question, and interpret what they said.

To sum up, Saudi Arabia is located in the Middle East and is the largest country in the Arabian Peninsula. Arabic is the official language and English is used for business and to communicate with non-Arabs. Foreign workers constitute about one-third of the total population and two-thirds of the total workforce in the Kingdom. They use English for communication in their jobs as they are hired for

their ability to communicate in English in addition to their job qualifications. In addition to this, there exists a linguistic system of communication known as Gulf Pidgin Arabic (GPA): a product mainly of the heterogeneous linguistic background of the foreign workers and their social relationships with the host community. GPA is used when communicating with local people or when talking to each other when there is no other common language. Although the Kingdom has made a lot of efforts to improve the medical field in general and the Saudi manpower in particular including establishing medical colleges for both men and women, Saudization and other efforts, still there is a need for foreign workers in the medical field. These foreign workers bring qualifications and accept working at lower salaries when compared to Saudis; they are essential to meet the huge number of medical personnel required to fill the many hospitals and medical institutions spread across the country, including KASH. KASH is a multicultural and multilingual site where English operates as a lingua franca, although there is no explicit language policy that governs the use of language in the hospital.

1.3 Research Aims and Questions

1.3.1 Research Aims

This study aims at understanding how medical personnel communicate with each other at the hospital taking into account their varying linguistic repertoires and cultural backgrounds, which may, in turn, give rise to a range of communication issues. It focuses on the alternation that takes place between Arabic and English with the aim of finding out the functions of and the reasons for this phenomenon. Through identifying the roles and necessities of LA in this context, it is hoped that this study will fill the existing gap in the literature and that by achieving a better understanding of how communication works at this particular site the study may make a contribution to the wider field of research on LA in institutional contexts.

1.3.2 Research Questions

Based on the pilot study and the observation I conducted in the site of the study, I found that people at KASH frequently alternate between Arabic and English. However, why they do that in the way they do it was not immediately clear, so I decided to undertake the present research project in order to understand what kinds of language alternation are involved and the motivation for these practices. Previous studies did not provide answers to my questions about the language alternation phenomenon in this particular context where Arabic and English are used, so further data and analysis were required to satisfy my inquiries about the different practices of language alternation by medical personnel at KASH. The research questions emerged from my observations of the immediate sociolinguistic setting, and since these questions had not been adequately discussed in the literature, the findings had the potential to address this gap. Moreover, the previous research have focused on communication between doctors and patients not paying attention to the kind of interactions that take place between the doctors themselves or with other employees in medical organisations. It is hoped that this study will fill such a gap in the literature.

Thus, to achieve the aim of investigating the communication process in the Saudi medical context and, more precisely, LA at KASH, the following focal questions are posed:

1. In what contexts does LA occur at KASH?
2. What are the functions of LA in spoken interactions?
3. What are the reasons for LA in these medical contexts?

The first question is meant to gather information about the contexts where LA takes place, including the area in the hospital, the participants in the conversation and their relationships, such as the hierarchical relations and any other relations

that might exist relevant to the situation. Data to investigate this question were gathered through observation and audio recordings.

The second question investigates the effect of LA on the context in the sense of how it influences and impacts on communicative interaction. This will help in identifying the functions of LA at KASH. So, this question is more about the analyst's perspective on the effect and result of using LA in this context. For this purpose, the main source of data consists of recordings of spoken interactions in the workplace.

The third question complements the second question by looking at LA from the participants' perspective. It is designed to collect information about the reason why a speaker uses LA in particular circumstances. More precisely, it investigates what exactly the speaker intends to communicate by his LA and so retrospective interviews are the main source of data for investigating this question.

Taken together, the answers to these questions will provide an understanding of the motivation behind LA, which is the overarching question in this study.

1.4 Theoretical Framework and Methodology

1.4.1 Theoretical Framework

For this study, I work principally within the framework of Interactional Sociolinguistics (henceforth IS) as I find it a suitable one to be adopted for the analysis of the data because it emphasises the role of the context, which cannot be neglected in such types of investigation. IS also helps explain some of the instances of LA in relation, among other factors, to the social and cultural context.

In addition, politeness theory and accommodation theory are necessary to explain how participants manage their interpersonal relationships. Thus, I adopt IS as the

major approach for the present study supported by politeness theory and accommodation theory (see Chapter 3, section 3.6).

1.4.2 Methodology

This study is a qualitative one in nature and in qualitative research there are three major ways of obtaining data, viz., observation, interview, and examination of documents (Bryman, 1989). As far as the purpose of this study is concerned, observations, recording of interactions and interviews are used as the tools of data collection (see Chapter 3, sections: 3.3.1-3 below). When combining recordings with observations and interviews in data gathering, it becomes a triangular method which yields more valid, reliable, and varied results (Lyons & Doueck, 2010). The recording of interactions took place in various areas in KASH at different times of the day. I have recorded 65 interactions which constitute the major portion of data for this study (see Appendix II). The participants of this study were randomly selected; however, they represent the whole workplace community as they include doctors, nurses, administrative employees and some visitors. The total number is 75 participants and each participant was given a unique three-digit code that indicates his profession and number in the list where more information about him is stored (see Appendix I). Using a semi-structured style of interviews, I have interviewed 38 participants asking them about their reasons behind their LA in some of the interactions in which they were involved in addition to their comments on the whole linguistic situation at KASH.

For the purpose of the analysis of the available data, I began by providing phonemic transcription for whatever was spoken in Arabic using IPA symbols, although I have modified some of the symbols due to various technical issues (see Chapter 3, section 3.5). Then I provided English translations for all Arabic utterances. English utterances were kept as produced by participants even when there are grammatical errors. The next step in the analysis was grouping the

interactions into themes in relation to the functions of LA found in those interactions. Focusing on the roles of LA in the interactions and the responses of the interviewees, I was able to identify the functions and the reasons behind LA in this context (these themes are discussed in detail in Chapters 5 and 6). My observations, as a source of data, were helpful in providing an answer to research question 1 on the contexts in which LA occurs; the recordings helped in answering question 2, which deals with the functions of LA; and research question 3 was answered by the analysis of the responses of the interviewees in relation to the reasons responsible for LA.

1.5 Structure of the Thesis

This thesis consists of six chapters. Following the Introduction (Chapter 1), Chapter 2 provides a critical review of major studies relating to the key aspects of this project. The work of the pioneering scholars in the area such as Gumperz, Auer, Myers-Scotton and others are included, as well as previous studies on language alternation in the Arab world in general and in the Saudi context in particular. Chapter 3 presents the methodology adopted in the research, including data collection methods and transcription, detailed information on the participants, and the theoretical and conceptual framework underpinning the analysis of the data. Chapters 4 and 5 constitute the analysis section of the thesis, in which common themes are established and analysed within the chosen theoretical framework in order to establish the functions of and reasons for using LAs. Chapter 6 provides a summary of the results and the major findings of the study that answer the research questions and offers some concluding remarks. This chapter also discusses the limitations of the study, its implications for the KASH authorities and for educators as well as recommendations for future research.

Chapter Two: Literature Review

2.1 Introduction

This chapter comprises four major sections. The first part (2.2) is concerned with topics related to language choice under the umbrella term ‘language alternation’ (henceforth LA). Section 2.2.1 begins by reviewing the definitions of the concept proposed by major researchers in the field. The next subsection (2.2.2) considers the principal types of language alternation. Major approaches to the study of language alternation, with the emphasis on the sociolinguistic approach, are discussed in the next subsection (2.2.3). The functions performed by language alternation are discussed under subsection 2.2.4. Language alternation and power is the subject matter of subsection 2.2.5, and finally attitudes towards language alternation are discussed in 2.2.6.

The second part of this chapter (2.3) is devoted to LA in the Arabic context in general (2.3.1) and the Saudi context in particular (2.3.2), where the relevant studies focusing on LA between Arabic and other languages are discussed. The third part (2.4) is devoted to workplace communication, so it deals with studies of workplace communication, multilingualism in the workplace and LA in the workplace. Then in the fourth part the discussion moves to LA in the medical context in general (2.5.1) and in Saudi Arabia in particular (2.5.2). A short concluding section (2.6) summarises the main points of the chapter.

2.2 Language Alternation: Theory and Practice

This section provides a discussion of the major issues of LA according to the available literature. It includes: definitions of LA (2.2.1), types of LA (2.2.2),

approaches to the study of LA (2.2.3), functions of LA (2.2.4), LA and power (2.2.5) and attitudes towards LA (2.2.6). It concludes with a summary of the whole section (2.2.7).

2.2.1 Definitions of Language Alternation

A substantial body of literature has been devoted to the use of two or more languages in a single discourse under different terminology (including terms such as code switching, code alternation, code change, code mixing, language mixture and code shift). In this project, the term ‘language alternation’ is used as an umbrella term that covers all such practices.

How to define language alternation and what constitutes the most appropriate definition is not agreed upon by scholars because of their different concerns (Nilep, 2006). As cited by Woolard (2004), the history of LA research goes back to the 1950s when Uriel Weinreich (1953: 73) in his work on language contact asserted that “The ideal bilingual switches from one language to the other according to appropriate changes in the speech situation . . . , but not in an unchanged speech situation, and certainly not within a single sentence.” In this definition, Weinreich indicates that people switch when the speech situation is changed and that this happens between sentences “not within a single sentence”. In this definition, therefore, switches within a single sentence are ignored.

Grosjean (1982: 145) defines LA as “the alternate use of two or more languages in the same utterance or conversation”. This definition restricts LA to languages excluding the case when varieties of the same language are switched between; a similar exclusion is made by Muysken (2000: 1) who describes LA as “the rapid succession of several languages in a single speech event”.

In spite of the fact that there is disagreement between scholars on what LA is, there are some similarities in their definition of the concept. For example, Auer and Myers-Scotton do not agree in terms of how and why LA occurs, but they propose similar definitions of the concept itself. Auer (1984: 1) defines it as “the alternating use of more than one language,” which is similar to Myers-Scotton (1993b: vii): “the use of two or more languages in the same conversation.” She adds that participants through their LA negotiate “positions in right-and-obligations balances” (1993b: 60); the notion ‘rights and obligations’ is also emphasized by Gal (1988: 247, as cited by Wardhaugh, 2006): “codeswitching is a conversational strategy used to establish, cross or destroy group boundaries; to create, evoke or change interpersonal relations with their rights and obligations”.

Heller (1988: 1) defines LA as “the use of more than one language in the course of a single communicative episode”. She uses the term ‘language’ that again excludes the alternation between subsystems or varieties of the same language. Vivien Cook provides a similar definition of LA “going from one language to the other in mid-speech when both speakers know the same two languages” (Cook, 2008: 174). Woolard (2004: 73-74) defines the concept of LA using the term ‘language varieties’ rather than ‘grammatical systems’. She mentions that “Codeswitching can be defined as an individual’s use of two or more language varieties in the same speech event or exchange”. In other words, code switching can be defined as the practice of moving back and forth between two languages, two dialects or two registers of the same language. This is found more in the spoken form of the language than in the written one (Gardner-Chloros, 2009).

Gumperz (1982: 59) offers a more refined definition: “Conversational code switching can be defined as the juxtaposition within the same speech exchange of passages of speech belonging to two different grammatical systems or subsystems”; this definition is referred to by a number of scholars (Gafaranga,

2007a; Bailey, 2007; Jørgensen & Quist, 2007; Holmes & Stubbe, 2004; Cantone, 2007), but they use the term ‘languages’ instead of Gumperz’s original terminology ‘grammatical system or subsystems’. The term ‘languages’ is somewhat ambiguous when it is used to describe code switching. It can mean distinct varieties such as English, Arabic, French, Russian, etc. However, this is not always the case; code switching might be employed between the varieties of the same language as is the case with “diglossic code-switching” (Abu-Melhim, 1992: 30) for example, Saudi and Egyptian Arabic, formal and informal varieties of the same language, or between elements of a language such as vocabulary, syntactic constructions or phonological features. In diglossic situations, two varieties of the same language exist side by side in the same speech community. Each one has its function as the case of Arabic language today: switching between colloquial, Modern Standard Arabic (MSA), and the classical variety (ibid). For example, an educated Arab may switch to MSA when changing the topic to a more formal one or one of more importance than the one being talked about in colloquial Arabic, such as switching from talking about family affairs to a political or religious issue. Thus, Gumperz’s use of ‘grammatical systems or subsystems’ is a more appropriate one as it covers both language and language elements mentioned above.

However, Gumperz’s definition was criticized by Cantone (2007) for not saying anything about the frequency of code switching in the speech exchanges and for not mentioning the occurrence of code switching in terms of when and where it is used.

Using Gumperz’s terminology, Nilep (2006: 17) suggests that the phenomenon of code switching is “a practice of parties in discourse to signal changes in context by using alternate grammatical systems or subsystems, or *codes*” (emphasis in original). He further adds that it is the task of the analyst to interpret the effect of

code switching in the discourse rather than depending on a pre-determined function of LA or the nature of any code prior to the interaction. It comes into view from the interaction itself and becomes significant when the participants of the interaction recognize it as such. Thus, the term ‘code switching’ can be defined as the alternation between two or more codes within a single exchange. I use the term ‘code’ to cover a wider area of alternation than that suggested using the term ‘language’; the term ‘code’ covers the switches both between languages and between varieties of the same language. Moreover, avoiding the term ‘speech’ in the definition allows the inclusion of both the spoken and written forms of language. Throughout this thesis, the term language alternation (LA) will be used to replace the terms ‘code switching’ and ‘code mixing’.

2.2.2 Types of Language Alternation

Gumperz (1982) uses the term conversational code switching to describe the situation when speakers use language alternation as one of a variety of communicative behaviours in order to prepare the other participants in the conversation either to restate or to respond to a message.

However, this conversational code switching can be of two types: situational and metaphorical code switching, terms introduced by Blom & Gumperz (1972). This distinction is still the point of departure for most researchers. Blom & Gumperz (1972) define the first type as having “a direct relationship between language and social situation” (1972: 424). This kind of language alternation is influenced by, and influences, what is happening, who is participating in the social interaction, and the place where the event happened. A similar finding was made by Scotton & Ury (1977) who stress the importance of understanding the relationship between the topic of conversation, the participants involved, and the societal norms that explain the language choice. On the other hand, Blom & Gumperz’s notion of

metaphorical code switching “enriches a situation, allowing for allusion to more than one social relationship within the situation” (1972: 409). The switch in this type is not controlled by community norms; instead, it is used to invoke a specific relationship holding between the participants at that particular point.

Therefore, LA is referred to as situational when the language alternation is used for something that can be seen in conversation as to change the topic of discussion (Weber & Horner, 2012: 87). For example, participants switch to a more relaxed register (Gafaranga & Torras, 2002) when talking about a stress-free topic; they make switches to emphasize something, to confirm, to insist, to repeat a question, a request, etc. For example, in a conversation between Arabic-English bilinguals, who are talking in Arabic, they may code switch to English when they start to talk about an academic issue. On the other hand, metaphorical code switching takes place when a participant has the intention of stressing part of a statement or inserting a specific meaning to what has been said, such as when participants want to emphasize which group they belong to within a certain event (Gumperz & Hymes, 1986). Thus, as the name suggests, the language switched to serves as a metaphor for another social relationship regularly associated with it. This type of LA is used to invoke something not talked about or not mentioned directly in the conversation, as when a speaker code switches to signal something related to his or her identity (Weber & Horner, 2012: 88) or ethnicity. For instance, a highly educated participant switches to English in a conversation held in Arabic among participants who are less educated. This switch is for no clear reason in the conversation itself but to signal his affiliation to a group that they do not belong to, signalling his identity.

Another conversational LA takes place when speakers insert tag utterances from one language into another one to bridge a gap in order to maintain the conversation. This is referred to by Cheng & Butler (1989) as ‘tag-switching’. For

example, Arabic speakers of English frequently insert the word /yaçni/ ‘I mean’ when speaking in English. Other switching into English of this type include: I mean, you know what I mean, you know, no way, etc.

An important distinction is made between intersentential and intrasentential code switching which refer to the position where the language alternation takes place (Toribio, 2002). The former takes place in phrases, sentences, or speech acts (Muysken, 1995) when the participant comes to the end of an idea in one language, and then initiates another idea in another language. Therefore it is found at the utterance boundaries (Taweel & Btoosh, 2012). Similarly, Carder (2007) uses the term “code-changing” to describe the process of inserting one long phrase from one language before or after a phrase in the other language. In contrast, intrasentential code switching takes place between words and phrases within a single sentence usually without any pause or disruption. A well-known example of intrasentential code switching is the title of an article written by Poplack in 1980: “Sometimes I’ll start a sentence in Spanish *y termino en español* (and finish in Spanish).” This type of LA is the most difficult of all types (Grosjean, 1982; Hughes, 2006; Poplack, 1980) because speakers must be highly proficient in both languages. The relevance of the distinction between inter- and intrasentential code switching is brought out clearly in a study by Dechapratumwan (2016), which investigates LA between two varieties of Thai, viz., Tai Dam and Standard Thai by 37 participants classified according to their ages into three groups: generation 1, generation 2 and generation 3. The results of the study show that generations 1 and 2 speakers are balanced bilinguals whereas, generation 3, the old, falls under three categories: balanced bilinguals (using both varieties), dominant bilinguals (using one variety more than the other) and passive bilinguals (mostly using one variety). As for the type of LA, the author states that while intrasentential code switching is used mainly by generations 1 and 2, intersentential code switching is used by generation 3.

2.2.3 Approaches to the Study of Language Alternation

There are two main approaches to the study of LA: the grammatical approach and the socio-functional approach (see figure 2.1 below). Although Bullock & Toribio (2009: 14) and Albirini (2016) have talked about the psycholinguistic approach as a third perspective dealing with cognitive aspects of LA in order to determine the mechanism of organizing codes in the bilinguals' brains, I will not include any discussion of this approach as it goes beyond the scope of this research. The focus will be on the first two approaches. The former tackles the phenomenon of LA from a grammatical point of view to know where the switch takes place in the utterance and which item(s) are switched to (whether a morpheme, a phrase or a sentence). The latter deals with LA as a sociolinguistic phenomenon in which the social factors that influence the switch are considered. This project adopts a sociolinguistic approach, so Gafaranga's (2007b) classification of the studies of language alternation (see figure 2.1 below) will be expanded to include not only identity but also attitudes and power associated with LA.

Language alternation has been eminent in the study of the language of bilinguals since the 1950s when the work of Uriel Weinreich (1953) was published (Woolard, 2004). However, in socio-cultural linguistics it is often dated from Blom & Gumperz's (1972) study "Social Meaning in Linguistic Structure: Code Switching in Northern Norway" (Qing, 2012). The early 1970s research on LA maintained that it is a non-fluent performance of bilingual speakers, and it is not a rule-governed phenomenon. For example, Labov (1972) investigates Spanish-English LA.

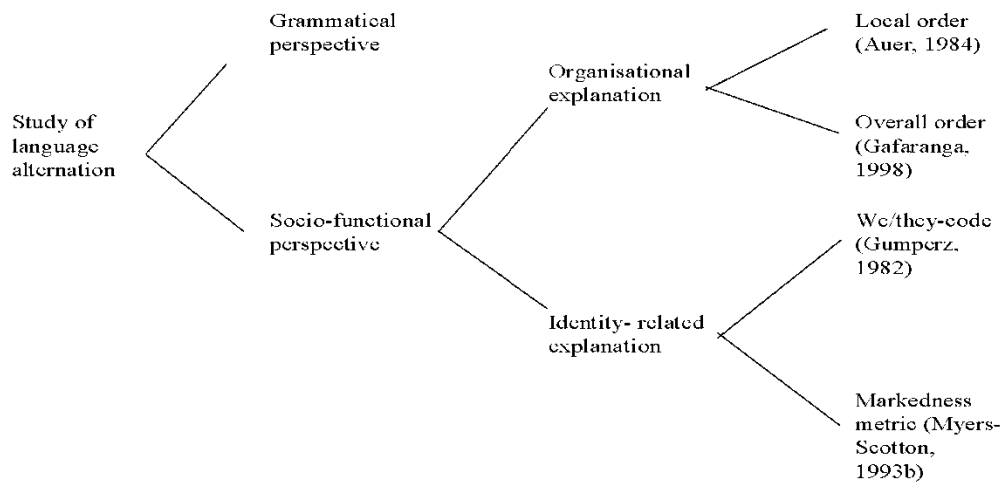


Figure 2.1: Studies of language alternation (adapted from Gafaranga, 2007b: 35)

Rejecting the idea that it is a rule-governed phenomenon, he states that code switching is a mixture of the two linguistic systems involved and such mixture follows no patterns. However, during the last two decades, at least, linguists have tried successfully to enlighten our understanding of code switching by demonstrating that it is not a random linguistic activity; instead, it is orderly and follows patterns determined by linguistic and other constraints. For instance, researchers such as Poplack (1980), Sebba (1998), Myers-Scotton (1993a), Muysken (2000) and Davidiak (2010) have examined the phenomenon from a grammatical perspective in order to show the orderliness of code switching. The idea of the random nature of LA was dismissed by other researchers who investigated the phenomenon from a socio-functional perspective as well. For example, Gumperz (1982), Auer (1984) and Myers-Scotton (1993b) pointed out that LA serves definite interactional tasks for speakers, therefore it is considered as a conversational strategy.

The social context of LA has attracted the attention of researchers at least for the last four decades. They investigated LA from a sociolinguistic point of view where

the focus was mainly on the way social factors influence code switching. Blom & Gumperz (1972) has become a classic work in the field in which they make a crucial theoretical distinction between ‘situational switching’ and metaphorical switching’ (see 2.2.2 above).

Gumperz (1982) pioneered the search for the ways LA can be understood as an interactional social strategy. He states that a switch may be used to perform certain conversational strategies (see section: 2.2.4. below). He stresses the fact that a function of code switching is to distinguish in-group from out-group. For instance, a speaker in a minority language community may choose the minority language or dialect when speaking with other members of the minority group (in-group), but he or she will use the majority language or the standard variety when speaking with a person who is considered as an outsider (out-group). As a result, he introduces the distinction between ‘we’ code and ‘they’ code, arguing that participants in the conversation switch to ‘they’ code to mean or entail authority, dominance, and objectivity, whereas ‘we’ code is used to indicate solidarity, privacy, and subjectivity. In other words, he is interested in pointing out the way speakers use linguistic variation, among other things, as a resource in an interaction, therefore the term ‘interactional’ is used to refer to this situation. He declared his concern as:

There is a need for a sociolinguistic theory which accounts for the communicative functions of linguistic variability and for its relation to speakers’ goals without reference to untestable functionalist assumptions about conformity or nonconformance to closed systems of norms. ... It must account for the fact that being able to interact also implies some sharing. But we must not assume that sharing at all levels of either grammatical or social rules is necessary.
(1982: 29-30)

Thus, Gumperz’s focus was not the structure of language in society, but rather the actual face-to-face communication in which linguistic variability is seen as a

resource used by participants in actual interaction. Furthermore, as is obvious in the last sentence in the quotation, for participants to change the code, it is not a condition that they have to have the same linguistic or social backgrounds.

Other researchers have carried on this research to investigate how participants' switch is used to indicate meaning other than through the meaning of the words themselves (Myers-Scotton, 1993b). Many, like Jacobson (1982) and Valdés (1982), have handled the phenomenon according to Gumperz's 'interactional/interpretative' model. Researchers interested in the grammatical approach to LA, such as Poplack & Sankoff (1988), nevertheless paid some attention to the social context of code switching.

Jacobson (1982) tries to describe code switching as motivated by social categories such as emotion, domain, culture, relation between participants, topic of discussion, and preference. On the same track, Valdés (1982) listed social incentives similar to those of Jacobson (1982); both of which correspond to Blom & Gumperz's (1972) distinction between 'situational' and 'metaphorical' code switching. Although they do not focus on the social context of LA, Poplack and Sankoff (1988) emphasize the social function of language mixing as an influential factor in bilingual speech. However, they stress the necessity of accounting for both structural and social factors in approaching language mixing phenomena.

In 1984, there was a turning point in the history of LA studies when Peter Auer published his book *Bilingual Conversation*, in which he argued that participants continuously through their choice of language influence the following activities by the same or other speakers. In other words, in order to understand the meaning of LA in conversational settings, it is necessary to link it to the preceding and following turns made by the participants themselves. Thus, the focus should be the

members' procedures of arriving at local meaning of the language choice they make.

The author's main concern is to know the reason why bilinguals switch from one code to another. In order to find an answer, he applies a Conversation Analysis (CA) approach, more precisely 'members' procedures' analysis, to Cantonese-English LA cases to understand the meaning of conversational code switching. This leads him to introduce a dichotomy, namely, the 'brought along' and 'brought about' meanings of conversational LA. On the one hand, the 'brought along' use of LA suggests that the language switched to has inherent distinctive social, symbolic values. Thus, it refers to what the speech community feel towards using that language. For instance, when an Arab switches to Classical Arabic in a conversation held in a colloquial variety of Arabic, other participants' attention will be drawn to religious and literacy issues inherently associated with Classical Arabic. On the other hand, the 'brought about' meaning is what an LA causes to happen as when a speaker code switches and this LA does not index any social value, Rights-Obligations (RO) set, etc. Instead, it represents an action performed within the conversation itself, such as converging to other participants' preference or diverging from that, turn taking, turn selection, or restarting conversation. For instance, in a conversation held in Hindi a participant may switch to English to distance herself from other participants especially if they are not fluent in English.

Similar conclusions were reached by Scotton & Ury (1977), who show that LA can be used to increase or decrease the social distance between speakers. Thus, the question of why LA occurs cannot be simply answered without first attending to the question of how it occurs. In the same connection, Li Wei (2002) stresses the same distinction between the two meanings, and describes the 'brought along' as socially motivated as the language being switched to has 'distinctive social-symbolic values, which merely have to be indexed in the interaction in order to

become or to remain relevant' (2002: 167). He uses the term 'emergent' to refer to the 'brought about' meaning of LA as it emerges as a result of participants' contextualization work. Therefore, CA researchers are not to focus on the social values inherent in the language chosen by the speaker (brought along meaning), but the implications that it has for the subsequent choices of language by the speaker and the hearer as well, and one should think of the meaning created by LA (brought about meaning).

One important theory in the history of LA that cannot be neglected in any kind of discussion of LA is markedness theory, which was introduced by Myers-Scotton in 1993. It is based on the Co-operative Principle of Grice (1975) as a system of ethics and three maxims. "Choose the *form* of your conversational contribution such that it indexes the set of Rights and Obligations, (RO), which you wish to be enforced between the speaker and addressee for the current exchange" (Myers-Scotton, 1993b: 113, original italics). Therefore, speakers choose a code to mark their rights and obligations. In relation to bilingual code switching, she developed out of this principle the following three maxims:

1. The 'unmarked-choice maxim', in which the choice between the two languages is conventionalized by the community and expected to take place in the conversation. The choice depends on the way participants view each other and their social relations. It sets off the changes of the conversation according to situational factors, such as changing the topic, or when a participant leaves or a new one enters the conversation.
2. The 'marked-choice maxim', in which the choice is non-normative and unexpected by the listener(s). It indicates a negotiation to start a new RO and to stress social distance by means of authority.

3. The ‘exploratory-choice maxim’, which applies when the participants are not sure about the suitable social standards at a given situation or which code is expected to be used.

Thus, this model capitalizes on the fact that there is a ‘marked/unmarked’ binary distinction which is related to the binary distinction inbuilt in bilingual interaction.

Auer (1995) focuses on how alternating turns are sequentially arranged and the inevitability of taking seriously into account the meanings associated with LA in the context of the conversation. He sets out “the theory of code-alternation”, in which he identifies the patterns of code convergence and divergence (see Chapter 3, section 3.6.5 below) connected to the changes that take place in the context of the conversation, such as the topic and the participants. Such processes involve the insertion of one language into the other within turns. He adds that the ‘base’ or ‘unmarked’ code might be fixed in a given context; however, speakers in some cases keep the language choice free, which results in difficulty in deciding which language is the ‘base language’ (1995: 124-126). Such difficulty exists in Myers-Scotton’s Markedness model and for this reason Smith (2002) suggests that attention must be paid to the problems raised by scholars such as Auer (1995, 1998) and Li Wei (1998) in relation to Myers-Scotton’s Markedness model as she associates socio-pragmatic information to the marked/unmarked nature of each language, while Auer (1995) finds that the switch itself is important regardless of from or to which language it was made.

Research on LA has, then, focused either on the relationship between social and linguistic structure to investigate how switching indicates power, inequality, rights and obligations, or on syntactic constraints on LA. Nevertheless, according to Auer (1998) neither of these two approaches explores all the regularities in bilingual speech. He shows that there remains a gap not filled by the above types

of research. He attributes the gap to a number of reasons. First, language choice cannot be completely resolved by macro-sociolinguistic aspects of the speech situation (social values, rights and obligations, etc.), and secondly, LA is never restricted to the intrasentential type, which takes place within a sentence or a clause only; in fact, all situations that allow alternation within the sentence allow alternation at the sentence boundaries too (intersentential switching) but not vice versa. Li Wei (1998) criticised the earlier studies of LA in a similar way. He says that most earlier studies are analyst-oriented approaches in the sense that they use intuitive categories as a basis for LA description. He follows a conversation-analysis approach to LA, which capitalizes on the participants' responses in a conversation to make clear the meaning which a particular LA is used for. Then he argues that linking LA to its turn environment makes its meaning clear. Thus, it is necessary to pay more attention to the members' procedures of arriving at local meaning of their LAs.

Auer (1998) suggests that the mentioned above gap in the research on LA can be filled by referring to a level of conversational structure which is independent from syntax and from social structures. He claims that this level is autonomous as different kinds of LA take place in certain sequential positions than in others. Thus, LA follows certain patterns.

The first pattern is discourse-related code switching, in which the switch is made because the speaker admits that his earlier language choice was inappropriate and not preferred by his addressee. The second pattern is discourse-related insertions, in which language choice is used to call to mind a kind of knowledge that is outside the context, such as the cultural background. For this pattern Auer gave as an example (see the extract below) the German word *Nichtraucher* ('non-smoker') produced by J, a participant in an informal conversation among a group of young Spanish-German bilingual speakers of South American origin in Hamburg. J is

laughing at the idea of another participant who wants to leave the living room to smoke in the corridor, which is appropriate according to his culture; thus, J's laugh signals his failure of linking the insertion of *Nichtraucher* in a conversation held in Spanish to the cultural background of the speaker.

J and U are the hosts, C is the guest; Spanish is in italics while German is in normal font.

- 1 J *que estas buscando?* [from the distance]
(‘what are you looking for?’)
- 2 C *Cigarros*
(‘cigarettes’)
- 3 J *ay por que?*
(‘oh why?’)
- 4 (1.0)
- 5 C *por que?*
(‘why?’)
- 6 J *por que por que quieres ir al flur?*
(‘why why do you want to go out in the corridor?’)
- 7 C *para fumar*
(‘in order to smoke’)
- 8 J *Aha*
- 9 L *a(h)l fl(h)ur [a(h)l a(h)l a(h)l* [a(h)l
(‘to the corridor to the to the to the’)
- 10 J *[y donde [al flur? h h*
(‘and where in the corridor?’)
- 11 A *he he he* [he
- 12 U *[fruerte*
(‘cool’)
- 13 (2.0)

- 14 L *ahi donde esta la bicicleta [esta*
 ('there where is the bike is')
- 15 J *[aqui no hay aqui no hay nichtraucher=*
 ('here we don't have no-smoking')
- 16 L *=donde esta la bicicle- he he*
 ('where the bike is')

(Spanish-German, Peter Giese, 1992/1993, unpublished data, as quoted in Auer, 1998: 6).

Therefore, LA is used here to index a kind of knowledge not directly present in the conversation, and with such background information, it becomes easy to understand that the insertion of an item from the other language makes a connection between the turn where it is inserted and the previous turns (Auer, 1998: 7). The third pattern that LA follows is preference-related switching. It indexes extra-conversational knowledge, in which participants either diverge from or converge to the other participants' linguistic choice. The distinction between divergence and convergence processes was introduced and developed earlier in Speech Accommodation Theory (SAT) in the 1970s (for more details of this theory, see Chapter 3, section: 3.6.5 below). Li Wei (1998) agrees with Auer in that these patterns are followed by participants to bring about the meaning of attitude and preference for a particular language.

Auer believes that when approaching any multilingual situation, linguists usually look at it as a kind of interaction in which two or more languages are simply put together and participants alternate between them, and the linguists' task remained to see how these codes are used - when do participants alternate between them and why? However, this neglects how participants themselves look at such alternations, a fact which is emphasized by Li Wei (1998) as well. Then the

question ‘How can linguists prove that participants consider the different codes as distinct codes?’ is a challenging one. In order to answer this question, linguists have to find out whether participants in a multilingual talk employ the alternation of codes involved in a meaningful way. They also have to find out whether LA is a case in which two closely related varieties are involved or whether it involves one code with internal variability of certain features such as phonological and morphological features.

Li Wei (1998) prefers following the CA approach to study the meaning of code switching for two reasons that have already been made in Auer’s earlier work (1984): (1) CA provides precedence to the sequential implicativeness of language choice, i.e. the language choice of a participant influences the following choice of language made by the same or other participants, and (2) it controls the analysts’ freedom, as they have to depend in their interpretation on the participants’ mutual understanding.

The first of these points implicitly reflects the fundamental claim made by Drew and Heritage (1992) that the CA approach focuses on the contextual sensitivity of language use considering talk as a vehicle for social action. Since CA is grounded in the study of the ordinary talk of people, it offers a strong opportunity to develop analytic tools for the study of talk-in-context. As for the context, they maintain that ‘context’ cannot be taken for granted by CA researchers in the sense that it cannot be predetermined or isolated from the activities of the participants. So, context should be locally produced and developed.

Focusing on this centrality of context in his CA approach to LA, Li Wei (1998) agrees with Auer (1984) that bilingual code switching should be analysed as a contextualisation cue. Contextualisation is a strategy used by participants to draw other participants’ attention to the social and situational context of the

conversation; they do so by varying their communicative behaviour according to a set of conventions followed in their speech community (Gumperz, 1982). Such variation could, of course, involve the use of contextualisation cues that are linguistic (prosodic, phonological, morphological, etc.) or non-verbal by making certain gestures, movements, or space between participants. Language alternation in many cases is used in the same way: the point at which it occurs in the conversation helps in the interpretation of its function and meaning in that particular conversation.

To sum up, LA is investigated under two approaches: the grammatical approach and the socio-functional approach. In this study, I adopt the socio-functional approach with reference to Gafaranga's (2007b) classification of the studies of LA (see figure 2.1 above). However, I expand Gafaranga's model to include attitudes and power associated with LA. Language alternation can be either situational or metaphorical, according to Blom & Gumperz (1972); the first type is related to the interaction's context, whereas the latter is used to invoke something outside the interaction, a function which according to Gumperz (1982) is used to distinguish between in-group and out-group.

In 1984, the work of Peter Auer introduced a new approach to LA, drawing on CA. He argued that it is necessary to make links between the sequences of turns as they influence each other to understand the members' procedures, which in turn allows us to understand the meaning of LA in conversational settings. In this approach he distinguished between two meanings of LA: the 'brought along' meaning and the 'brought about' meaning, a distinction also stressed by Li Wei (2002).

Based on the co-operative principle of Grice (1975), Myers-Scotton (1993b) introduced markedness theory, in which speakers use LA to mark their rights and

obligations through three maxims: the unmarked-choice maxim, the marked-choice maxim and the exploratory-choice maxim (1993b: 113).

Auer (1998) further argued that there is a gap in the research on LA as it focuses either on the relationship between social and linguistic structure or syntactic constraints on LA, but not all the regularities in the bilingual speech are explored. This gap can be filled by referring to a level of conversational structure which is autonomous, where different kinds of LA take place in certain sequential positions but not in others. Therefore, he suggested that LA follows three patterns: discourse-related switching, discourse-related insertions and preference-related switching.

2.2.4 Functions of Language Alternation

LA is difficult to characterize definitively. One of the reasons is that it is produced by bilinguals who do not necessarily have similar levels of proficiency in the shared languages in their repertoires or live in the same type of language contact setting. Therefore, their LA practices may not be uniform. In addition, LA may be used for various reasons, such as filling linguistic gaps, signalling identity, and achieving conversational aims (Bullock & Toribio, 2009). On the other hand, bilingual speakers may use LA not to signal any communicative purpose; instead, they may use LA simply because they can or in many cases they may not even be aware that they have alternated languages: in other words, LA for them is not the result of a conscious decision or choice. Moreover, some bilinguals avoid LA as their social norms attach prestige to monolingual practices (ibid).

Nevertheless, sociolinguists have attempted to understand the functions served by LA in situations where it does appear to be used as a conscious strategy. Gumperz (1982), for example, identifies six types of conversational function of LA: 1. reported speech, i.e. when the speaker makes the switch for a direct quotation; 2.

addressee-specification, i.e. a switch is used to select one of a number of participants as the target addressee to whom the message is directed; 3. interjections; 4. reiteration to emphasize what has been said; 5. message qualification, in which LA is used for the elaboration of what has been said, and 6. personalization vs. objectivization, i.e. whether the speaker is talking about a fact or giving his own opinion about an issue (see section 2.2.3. above): as Gumperz (1982: 80) puts it “the distinction between talk about action and talk as action, the degree of speaker involvement in, or distance from, a message, whether a statement reflects personal opinion or knowledge”. Similar functions of LA are found by Grosjean (1982) and Savic (1994), who show that speakers switch codes for quotations, interjections, reiterations, to attract listener’s attention, and to make a message clear. Furthermore, Cashman (2005) considers participants’ choice of code as ‘a membership categorization device’ that enables them to talk into being social identities, linguistic identities and social structures, for instance, the association or lack of power and prestige in using a particular language (2005: 313).

Other linguists investigate the functions of LA from a cultural point of view. For example, Barkin (1976) observes that fluent bilinguals alternate between languages to show their identity, while the non-fluent ones switch from one code to another when they don’t know a word in the language being used in the interaction. Kachru (1975) states that bilinguals’ switches depend on the way they view their addressee as a member of their group or as a member of an outside/external group, a distinction between the in-group and the out-group or we/they code, a distinction introduced by Gumperz (1982) (see section 2.2.3. above). However, in the CA approach it is argued that analysts must not be distracted by the assumption that speakers code switch to index their identities, attitudes, power, etc. Instead, analysts have to understand how such functions are played, accepted or rejected in the process of the interaction (Wei, 2005).

Language alternation may function as an efficient linguistic tool to mark the class to which the speaker belongs. Thus, Verma (1976) notes that many of the Indian bilinguals whose LA is noticeable are from the educated class and the presence of English and Hindi in their speech has become an indicator of their social status. Similarly, Gumperz (1982) believes that in large bilingual communities, such as San Francisco and New York, people argue that it is easy for them to know a speaker's family background and politics from the way s/he uses code switching and borrowing.

Auer (1984; 1998) stresses the discourse-related functions of code switching. He notes that code switching is used to mark the ending of one topic and the beginning of another, to mark off a side comment from the topic being discussed, or to change the frame of the interaction (speaking to one person or to many). The intention of changing the frame of the interaction is commenting on something or saying something that they do not want others to understand; thus, this is related to Jorgensen's (1988: 238) description of the situation: "code switching into the minority language may be a tool to exclude a particular conversant". A similar situation is termed as 'discourse contextualization switching' by Bailey (2007), in which LA is used to mark off a quotation, change the topic of discourse, or repair sequences.

Appel & Muysken (1987: 118-121) list six main functions served by LA, which are different from those introduced earlier by Gumperz (1982) except for Gumperz's 'addressee-specification', which is referred to here as 'directive' function. Appel & Muysken's functions are as follows: 1. the "referential" function, which involves "lack of facility" in one language on a particular subject; 2. the "directive" function, when the speaker intends to involve one addressee in the conversation rather than other addressees; 3. the "expressive" function, when the speakers put emphasis on mixed identity; 4. the "metaphorical" function "to

indicate a change in tone of the conversation”, e.g., when a comedian switches from one variety to another; 5. the “metalinguistic” function, which is used to indicate personal linguistic skills; 6. the “poetic” function, which involves switching in puns and jokes.

These functions are found to be used by the subjects of a number of studies. For example, in a study on the Arabic-French situation in Tunisia conducted by Bouzemmi (2005) LA sometimes has a referential function, as it involves a lack of knowledge and facility either in Arabic or French in certain subjects. Such switches are found in the discourse of certain subjects where the French word is found to be more appropriate than the Arabic one. They switch to French to show their linguistic skills in order to impress their addressees. Language alternation also has an expressive function as it is used to emphasize a mixed identity through the use of two languages in a single conversation.

In another study, heavy LA to Arabic is noticed by Bader (2003) when examining the language of French, Russian, and Italian native speakers living in Jordan when holding a conversation in English or French. However, he finds that LA is used mainly to serve four broad functions: referential, directive, expressive, and metalinguistic. He adds that it is their wish to relate themselves and to feel that they belong to the local community that motivates them to switch to Arabic (see also Kanakri & Ionescu, 2010 and Chapter 5, Section 5.4 below). Supporting the sixth category of Appel & Muysken, Davies & Bentahila (2008) find that the alternation between colloquial Arabic and French, in a group of song lyrics belonging to the genre of rai music popular in Algeria and Morocco, is used as a poetic device, which is competently used to add to the rhetorical and aesthetic effect of the lyrics.

Sharaf Eldin (2014) investigates LA functions as utilized by Arabic-English bilingual users of Facebook. The results of the study show that the main reason for alternating between English and Arabic is lack of facility (Appel & Muysken's (1987) 'referential' function), which is also one of the findings of the present study. However, other reasons include: lack of competence in one language and expressions that participants use habitually. Moreover, the author concludes that LA is not only an aspect of spoken language but also of online written language as the reasons behind LA are similar to those found for spoken language (see also below). Language alternation due to lack of proficiency, one of Appel & Muysken's categories, is also reported as one of the results of a study conducted by Mohammed et al. (2015). Aiming to find the types and reasons for LA from Arabic to English, the authors examine the use of LA in informal Iraqi dialect among 20 Iraqi fourth year students in different faculties in Baghdad University, Iraq. All participants were males having similar ages, 22-24. The results indicate that lack of proficiency in participants' L1 is one of the reasons why they switch to English as they were not able to locate the exact word in their L1. Furthermore, the advancement in technology played a vital role in the participants' use of English words and expressions, so whenever encountering such terms while speaking Arabic, they switch to English. The authors included examples such as *download, email, connect, sign in, keyboard* and *click*. English words were used also by participants to greet, apologize and thank somebody. Therefore, participants switch to English to fill the lexical gaps they have when encountering terms related to technological advancement.

However, lexical deficiency is not always the reason behind LA. In a study conducted by Harmaini (2014) Muslim speakers do LA more to signal their religious identity rather than lexical deficiency. The author investigates the relationship between identity and language focusing on comments on a video uploaded to YouTube 'University of Leicester Islamic Society'. The results show

that participants switch to Arabic to say */jaza:kalla: xeir/* which means ‘May God reward you’ instead of English *thank you*, which is an appreciation and expression of gratitude of the speaker to the addressee. Other switches include: */ma:fa:ʔalla:h/* ‘it was a good job’ and */infa:ʔalla:h/* for ‘God willing’; similar examples of LA from English to Arabic for the same reason were reported by Asali (2011), who states that, according to the results of her study, switching from English to Arabic is used for religious functions.

Language alternation also functions in written text communications. For instance, in a study conducted by Halim & Maros (2014), who investigate LA functions in Facebook communication of five Malay-English bilinguals, the results show that participants employ LA for a number of functions including: quotation, addressee specification, message qualification, clarification and indicating emotions.

Similarly, Keong et al. (2015) investigate LA between Arabic and English in text messages (SMS) of 20 postgraduate students at Universiti Kebangsaan Malaysia (UKM), Malaysia. They find that participants switch to Arabic when expressing their wishes for religious occasions and for greetings. Switching to English was noticed in participants’ communication for euphemistic functions, as they do not feel embarrassed to speak about certain topics within languages other than their native ones. Most of the participants affirmed that they switch to English consciously or unconsciously to talk about offensive or taboo subjects. Examples of such expressions include: *boyfriend, cancer, toilet, underwear* and *period*.

Another factor contributing to the use of English in this context is prestige as English occupies an important place among the educated people, so participants switch to English for this purpose. Another function of LA to English included by the authors as a result of their study is to fill lexical gaps that exist in the language of the participants.

Functions of LA in text messages are also investigated by Al-Khatib & Sabbah (2008), who study language choice in mobile text messages among Jordanian university students; they state that LA functions as a communicative strategy that facilitates communication by reducing language barriers and strengthening cultural identity. Participants switch from English to Arabic when exchanging wishes on religious occasions, when quoting what someone has said (see also Grosjean, 1982 and Abalhassan & Alshalawi, 2000), or when greeting each other (see also Kanakri & Ionescu, 2010). On the other hand, they switch from Arabic to English for prestige in which they select short and easy expressions in connection to greeting, thanking, and apologizing and they switch to English when talking about university and academic issues (see also Appel and Muysken, 1987; Holmes, 1992; Abalhassan, & Alshalawi, 2000). In some cases, LA is found to have a euphemistic function, which is similar to Keong et al. (2015) finding, allowing them to freely discuss taboo or offensive topics (Al-Khatib & Sabbah, 2008: 57).

Based on extensive research, researchers like Lipski (2008) and Poplack (2004) consider LA as the result of social events, since some of the motives to code switch are “conversational topic, role of the speaker, setting of the interaction, familiarity of the two speakers, age, sex, race, ethnic, linguistic background, etc.” (Cheng & Butler, 1989: 295). In connection to these motives, Al-Hourani & Afizah (2013) investigate the circumstances and factors that affect alternation between two second/foreign languages in daily conversation in Malaysia. Five bilingual Jordanian speakers of English and Arabic living in Malaysia were the participants. The findings of the study include that familiarity between the interlocutors, the setting and change of the topic of discussion are the main reasons that motivate participants to alternate between the two languages. According to the participants and the analysis of data, familiarity between the speakers is the major factor for their LAs.

In addition, Myers-Scotton (1993b) describes the marked choice maxim (see section 2.2.3 above) as having an “aesthetic effect” which occurs in story-telling; in other words, LA is used in story-telling to enhance the style of the writer especially when it is unexpected by the reader. It is also used to set up a new RO, and to negotiate social distance (Asali, 2011) or to stress authority and degree of difference. This function was emphasized earlier by Blom & Gumperz (1972: 424) as they make it clear that in the situational type of switching there is a change of language that signals a change in the definition of the speech event, involving “clear changes in the participants’ definition of each other’s rights and obligation” (Woolard 2004: 75-76).

Gafaranga (2007a) states that LA can be used as a strategy for negotiating a change in the speech situation; therefore, it is a conversational strategy marking a number of discourse functions. It is used to negotiate a change in the rights and obligations sets; thus, he agrees with Bailey (2007) in this regard, who states that LA is a way that speakers position themselves and others in the conversation. Therefore, LA has the function of negotiating social identities, but it is inappropriate to assume that it is always the case that participants try to assimilate the native speaker group. Pavlenko & Blackedge (2004) stress the fact that in many postcolonial contexts, world languages such as English or French are used to express new national, ethnic, and social identities rather than showing closeness to the native speakers of those languages. They add that ‘identity options are constructed, validated, and offered through discourses available to individuals at a particular point in time and place’ (2004: 14). Therefore, language and identity are interrelated in a way that languages provide the terms with which identities are negotiated, and community ways of looking at a particular language help speakers to choose which language to signal their identities and to judge other speakers as well.

In a study conducted by Asali (2011), the author investigates the attitudes of 200 Arab American speakers in the USA towards English-Arabic LA in order to find out why they switch to Arabic. She finds that participants used LA from English to Arabic when they do not find the proper word or expression in English. Moreover, they switch to Arabic for socio-cultural and religious reasons, thus signaling their Islamic and Arabic identity. She includes examples such as */inʃa:ʔ ʔalla:h/* ‘God willing’, */bitmu:n/* ‘I am at your disposal’, */ʔassala:m ʃaleikum/* ‘peace be upon you’ and */keifak/* or */keifik/* ‘how are you’ (Asali, 2011: 31). However, some identity options are negotiable, while others are imposed upon people who, in turn, look for new social and linguistic resources that help them resist imposed identities, which they do not prefer, and signal new identities (Pavlenko & Blackledge, 2004). Then, it is the dominance of identity that unites and divides people into groups and communities in which people are looked at and evaluated according to the form of language, dialect, etc. they use at a particular time and place.

Language alternation between Arabic and English was also examined in a similar context by Abalhasan & Alshalawi (2000), in which 12 Saudi university students studying at universities in Pennsylvania are involved. They notice that LA is used as a communicative strategy performing, among other functions, the following: emphasis and contextualization cues, parallel constructions for emphasis, quotation, technical terms, conversation tags, politeness and avoidance of taboo expressions. Similar functions of LA were reported by Mabule (2015), who investigates the use of LA in South African languages and English in order to understand the reasons behind LA. He concludes that among the reasons that stand behind this phenomenon are bridging the gap in terminology, facilitating communication between different cultures and language groups and levels and emphasizing or confirming something.

In this connection, it can be argued that LA can be used as a communicative strategy especially when second language learners are taken into consideration. They use their L1 vocabulary, expressions, etc. to fill the gaps they encounter when using L2. Some scholars argue that this strategy is an avoidance one (for example, Tarone et al, 1983), while others argue that LA is an achievement strategy, in which learners insert certain L1 items in L2 in order not to have a gap or stop the conversation (Færch et al., 1984). For example, the use of English and Croatian was examined by Hlavac (2011), who finds that participants alternate between the two languages to facilitate communication especially when they are hesitant, and, among other tools, he finds that LA is a powerful device filling those hesitation gaps. English ‘I mean’ and ‘you know’ were frequent ones in a conversation held in Croatian. English and Spanish alternation is investigated by Reyes (2004) in an elementary school in Oakland, California, to examine the functions of LA in schoolchildren’s conversation. She finds that LA in this context is used for topic shift, emphasis, clarification, and accommodation. Similar conclusions were made by Kanakri & Ionescu (2010), who investigated the alternation between Romanian and Arabic in Jordan and noted that participants switch to Arabic for greetings, to signal successful accommodation to the Jordanian way of life, and to display their Arabic skills.

Based on the above discussion, LA can be said to perform a range of functions in reported speech, addressee-specification, interjections, reiteration, message qualification and personalization (Gumperz, 1982). Appel & Muysken (1987: 118-121) also suggested that the use of LA can be referential, directive, expressive, metaphorical, metalinguistic or poetic. These functions are different from those proposed by Gumperz (1982) except for ‘addressee-specification’, which is referred to by Appel & Muysken as the ‘directive’ function. These functions were supported by a number of studies, for instance, Bader (2003), Bouzemmi (2005), Davies & Bentahila (2008), Sharaf Eldin (2014), Mohammed et al. (2015).

Language alternation is mostly used in spoken interactions. However, a number of studies have focused on the written text in order to find more about the roles played by LA in such types of communication. Findings of such studies are similar to those of the oral interactions. These studies include sources such as Facebook (Sharaf Eldin, 2014; Halim & Maros, 2014), SMS (Keong et al., 2015; Al-Khatib & Sabbah, 2008) and Youtube (Harmaini, 2014).

Many studies have focused on the functions performed by LA, whether in spoken or written language, as is clear from the above summary. However, the functions of LA can be broadly classified into three major categories.

The first category is a social one, in which LA is used to perform functions such as greetings, apologies, thanking, exchanging wishes, achieving politeness and accommodation (Abalhassan & Alshalawi, 2000; Al-Khatib & Sabbah, 2008; Kanakri & Ionescu, 2010; Hlavac, 2011 and Keong et al., 2015). This category also includes what the community associates with a particular language; for instance, participants in the study by Al-Khatib & Sabbah (2008) switched from Arabic to English as the latter has a kind of prestige in the Jordanian community. Moreover, familiarity between the speakers plays a role as a motivator for participants' use of LA, as reported by Lipski (2008), Poplack (2004) and Al-Hourani & Afizah (2013).

The second category is related to cultural issues, such as showing one's identity, whether the cultural group they affiliate or like to affiliate to (for example, Barkin, 1976; Verma, 1976; Kachru, 1975; Pavlenko & Blackedge, 2004), or their religious identity as in the findings of Harmaini (2014) and Asali (2011), studies in which participants switched to Arabic to show their Islamic identity. Another important reason for LA in this category is what is considered by the speech community as offensive topics which speakers feel embarrassed to talk about in a

particular language, so they prefer to use the other linguistic options available, such as the findings of Keong et al. (2015), Al-Khatib & Sabbah (2008) and Abalhassan & Alshalawi (2000). Thus, LA has a euphemistic function.

The third category includes LAs motivated by the conversation itself. This includes functions such as filling certain lexical or hesitation gaps speakers have in a particular language, so they switch to another language to continue their conversation, as shown, for example, by Tarone et al (1983), Færch et al. (1984), Asali (2011), Hlavac (2011), Keong et al. (2015) and Mabule (2015). Another motivation for LA is changing the topic of discussion, as in the findings of the studies of Poplack (2004), Reyes (2004), Lipski (2008) and Al-Hourani & Afizah (2013). Moreover, speakers' fluency varies from one topic to another; in certain topics they are confronted by some technical terms or academic issues for which they need to switch to another language (Appel & Muysken, 1987; Holmes, 1992; Abalhassan, & Alshalawi, 2000). However, some studies have shown that participants switch to a particular language only to show their fluency and linguistic skill in that language, such as those of Kanakri & Ionescu (2010), who switched to Arabic for this reason.

In the analysis chapters of this study (Chapters 4 and 5) I will relate the functions of LA to the above ones in order to find the degrees of similarity and difference to find out what new functions LA has in the medical context.

2.2.5 Language Alternation and Power

Language alternation is also used to signal power, and “power is constructed moment-to-moment during interaction, with all participants being involved, in turn, as either its claimers or its ratifiers” (Vaughn, 1998: 42). If an utterance is accepted as legitimate in the social field where it is uttered, it is then considered as a successful linguistic utterance. In addition, the speaker has to be accepted as a

person who has the right to make it. Bourdieu (1977: 646) emphasizes that “Language is not only an instrument of communication or even of knowledge, but also an instrument of power. A person speaks not only to be understood but also to be believed, obeyed, respected, distinguished”. This negotiation of power has something to do with the current context in which speech takes place; this is clear in the literature, for instance, Jorgensen (1998: 238) indicates that “There is little doubt that bilinguals by some of their code-switching do relate to difference in power and status that go beyond the particular communication situation”. Thus, it is clear that LA has the function of signalling differences in power between participants in interaction.

Bilingual speakers tend to switch to the language or variety with which prestige is associated to signal power. In this connection Costa (2010) noted that Angolan participants in South Africa switch to English to invoke the power associated with speakers of English as it is used by knowledgeable individuals with positions of power and prestige. This finding explains what has been stressed by Grosjean (1982: 120), who says that “[w]henver two languages are in contact, one is usually considered more prestigious than the other”. Construction of power through LA is examined by Bolonyai (2005), who investigates code choices used by pre-adolescent bilingual American-Hungarian girls in the United States. She reports that variation between the girls’ code choices can be explained by the strategic ways in which the participants signal power and the use of LA. This is to some extent similar to ‘we’ code and ‘they’ code of Gumperz (1982), who notes that participants switch to ‘they’ code to indicate power, dominance, and objectivity (see section: 2.2.4. above).

Ariffin & Galea (2009) study the functions of LA between Bahasa Melayu and English in Malaysian bilingual conversations. They conclude that LA is not random; instead, it is a compromise between language use and the communicative

goals of the participants, such as their switch in order to manifest power. Manifesting power is also achieved by switching into Turkish for social integration by the participants of a study conducted by Alagozlu (2007).

To conclude, it seems that speakers may switch to a particular language in order to signal power. The language they switch to does not have any particular aspects that make it inherently prestigious or a tool to show power; rather, this depends on how the community where it is used view that language and what they associate with it. Thus, people's attitudes towards the use of a particular language and the alternation between languages is an important issue in understanding language alternation.

2.2.6 Attitudes towards Language Alternation

No code, whether language, dialect, variety, register or style, is intrinsically good or bad, but each is a legitimate, valid means of communication in its own right, and any prestige associated with it comes from the speakers of that code rather than the code itself. Therefore, the views people have towards a code, their attitudes, are usually based on the way they identify and value speakers of that code and their social attributes. Linguists are interested in studying the attitudes towards LA in order to understand the reasons underlying speakers' language choices and their communicative strategies (among others are Mahootian, 2005; Muysken, 1995; Zentella, 1990; Romaine, 1989; Gumperz, 1982; Poplack, 1980, and Labov, 1972).

In many communities alternation between languages is looked at in a negative way as it is taken to imply a lack of language fluency that exists in those who alternate between languages. Gafaranga (2007a) attributes negative attitudes to language alternation to two factors. The first is the deeply rooted monolingual ideology, for instance, the one nation-one language ideology which strongly relates language to

national identity, and the mother tongue ideology which is similarly based on the premise that speakers have one and only one mother tongue. In fact, such monolingual ideologies stress positively the role of the native speaker and undermine the view of the non-native speaker as 'deficient', and assume that the norm is monolingualism rather than multilingualism (Weber & Horner, 2012). The second factor that Gafaranga argues governs the negative view of language alternation is related to those who have negative attitudes as they look at language alternation from a diglossia perspective - they think that each language should be spoken in a separate situation, with no mixture involved. Therefore, to understand the role of a language in a particular society, it is necessary to have information about the attitudes of the members of that society towards that particular language. For example, Ferguson (1970) studied the position of Arabic in relation to other languages in Ethiopia. His study shows that there is a preference among participants for Arabic as an enjoyable language that should be learnt by children and used in government schools and radio.

Attitudes towards language alternation in relation to speakers' identities can be used effectively to shape the form of LA; a finding that attracts the attention of Romaine (1989) in her study of the LAs made by Puerto Ricans living in New York City and those in Ottawa-Hull, in Canada. She states that such attitudes can be a reason for the frequent use of "smooth CS" by Puerto Ricans in New York City, which is similar to Myers-Scotton's (1993b: 113-114) "CS itself as the unmarked choice", whereas Puerto Ricans in Ottawa-Hull use a "flagged CS", which is similar to Myers-Scotton's "CS as a marked choice". Romaine maintains that such different types of LA exist because the Puerto Ricans in New York City have positive attitudes to bilingualism, while speakers in Hull see English ingresses into French as unacceptable (1989: 153-154). In this connection Muysken (2007) states that LA occurs in bilingual communities in which bilinguals have a positive attitude towards both cultures, but not all communities

have a positive attitude towards both languages. Some communities look at LA negatively; for instance, Lawson & Sachdev (2000) find that there is a negative attitude towards Arabic-French LA generally held by the participants of their study.

In addition, gender and ethnicity are found to play a role in the speakers' attitudes towards language alternation. In a neighbouring country to Lawson & Sachdev's study population, Algeria, Boualia (1993) investigates the language attitudes among the Arab and Berber groups and by the women and men of these two ethnic groups in the region. He states that the language attitudes are affected, among other factors, by gender and ethnicity factors. The significance of each language in use to social identity of the gender and/or ethnic parameter has been established to have an effect on the different types of language attitudes held by the target groups. In the Allied Health Science College, Kuwait, 17 students were the participants of Alenezi's (2010) study, which focuses on students' attitudes towards alternation between English and Arabic in the academic context. Participants show a strong preference for using LA as a medium of instruction, and teachers who are habitually using LA have a higher status among the students. In addition, he states that there is a wide agreement among participants that LA has no negative influence on L1 or L2 use.

According to Roberts (2007), adaptation or suppression of language alternation in a speech community is an indicator of the general attitude of that speech community to ethnic minority groups. In English speaking countries, such as the UK, Australia and the USA, language alternation is a hotly contested issue. In the UK and Australia supporting and counter arguments for the claim about one-language-only, English in this case, still exist. While in the USA, the changes in attitude, policy and economic demands over time influence how multilingualism is viewed.

In Cape Town, Costa (2010) investigates the use of LA by long-term Angolan migrants and new arrivals. The author notes that the long-term migrants, in spite of the fact that they have common membership with the new arrivals in terms of ethnicity and nationality, also use English to indicate their language attitude towards Angolan Portuguese, which is seen by the author as an accomplishment of ‘a loyal citizen’ to have the status of pure migrants who are socially, politically and economically more established than their counterparts, the new arrivals. Thus, having such an attitude allows them to accommodate with the major language group. In a similar situation, Al Ghussain (2002) noted that Arab parents in Britain encourage their children to learn and speak English, thus showing a positive attitude towards LA into English, and as a result, they have a positive attitude towards English itself.

Language alternation between English and Bahasa was the situation investigated by Ariffin & Husin (2011) in order to know the teachers’ and students’ attitudes towards LA in a university in Malaysia. Their analysis shows that students with less proficiency in English held a positive attitude towards LA in comparison to proficient students who somehow resist LA. A lower degree of resistance was reported by El-Fiki (1999) in her study of LA in a university in Libya where the resistance, among speakers, to the use of English language in scientific and technical topics was limited.

Thus, such studies go in line with Wei (1998: 173), who concludes that “code switching is a contextualisation cue that has the capacity to “bring about” higher-level social meanings such as the speaker’s language attitudes and preferences”. More generally, in order to understand the role of a language in a particular society, it is necessary to have information about the attitudes of the members of that society towards that particular language.

2.2.7 Summary

To sum up, the term ‘code switching’ is used interchangeably and frequently confused with other similar terms, such as ‘code mixing’, ‘borrowing’ and ‘language mixture’. In the present study, ‘code switching’ is defined as the alternation between two or more codes within a single exchange. Moreover, the term language alternation (LA) is used as an umbrella term to refer to all such terms.

LA can be classified under various types. For example, Gumperz (1982) talks of ‘conversational code switching’ to refer to the situation when speakers use LA as one of a variety of communicative behaviours in order to prepare the other participants in the conversation either to restate or to respond to a message. Conversational code switching covers the two types already introduced by Blom & Gumperz (1972): situational and metaphorical code switching. LA is also classified from a grammatical point of view under two major types: intersentential and intrasentential code switching according to the place it occurs (Muysken, 1995; Toribio, 2002).

As for the approaches to the study of LA, there are two major approaches: the grammatical approach and the socio-functional approach. The one adopted for this study is the latter with reference to Gafaranga’s (2007b) classification of the studies of LA (as shown in figure 2.1 above). A new approach was introduced by Peter Auer in 1984, drawing on CA and focusing on the links between the sequences of turns in order to understand the members’ procedures. He distinguished between two types of meanings in relation to LA: the ‘brought along’ and the ‘brought about’. Furthermore, Myers-Scotton (1993b) introduced markedness theory, which is based on the co-operative principle of Grice (1975). According to this theory, speakers use LA to mark their rights and obligations

through three maxims: the unmarked-choice maxim, the marked-choice maxim and the exploratory-choice maxim (1993b: 113). Auer (1998) argued that different kinds of LA take place in certain sequential positions but not in others and he suggested accordingly that LA follows three patterns: discourse-related switching, discourse-related insertions and preference-related switching.

As far as the functions of LA are concerned, LA performs a wide range of functions in reported speech, addressee-specification, interjections, reiteration, message qualification and personalization (Gumperz, 1982), or, in terms introduced by Appel & Muysken, referential, directive, expressive, metaphorical, metalinguistic or poetic functions (Appel & Muysken, 1987: 118-121). These functions were supported by a number of studies (Bader, 2003; Bouzemmi, 2005; Davies & Bentahila, 2008; Sharaf Eldin, 2014; Mohammed et al., 2015, among others). In most cases, researchers have focused on the spoken interaction to investigate the use of LA. However, some studies have used the written text to investigate the use of LA including sources such as Facebook (Sharaf Eldin, 2014; Halim & Maros, 2014), SMS (Keong et al., 2015; Al-Khatib & Sabbah, 2008) and Youtube (Harmaini, 2014). Interestingly, the findings of both spoken and written sources are somehow similar.

However, whether in spoken or written texts, the functions of LA can be broadly classified under three major categories: the social category, which includes functions such as greetings, apologies, thanking, exchanging wishes, achieving politeness and accommodation (Abalhassan & Alshalawi, 2000; Al-Khatib & Sabbah, 2008; Kanakri & Ionescu, 2010; Hlavac, 2011 and Keong et al., 2015). The second category is the cultural category, which includes issues such as identity, whether the identity of the cultural group participants affiliate or like to affiliate to (Barkin, 1976; Verma, 1976; Kachru, 1975; Pavlenko & Blackedge, 2004) or their religious identity (Harmaini 2014 and Asali 2011). The third

category includes issues motivated by the conversation itself, such as filling certain lexical or hesitation gaps that speakers have in a particular language, they switch to another language to continue their conversation, as shown, for example, by Tarone et al (1983), Færch et al. (1984), Asali (2011), Hlavac (2011), Keong et al. (2015) and Mabule (2015).

Speakers may also use LA to signal power and indicate social attitudes. Having power in using one particular language rather than another depends on how the community where those particular languages are used view those languages and what they associate with them. Thus, encouraging or discouraging LA in a speech community shows the general attitude of that community to the majority group (Roberts, 2007). On the one hand, some communities look at LA negatively. For instance, Lawson and Sachdev (2000) find that there is a negative attitude towards Arabic-French LAs generally held by the participants of their study. Gafaranga (2007a) suggested two factors responsible for people's negative attitudes towards LA: the deeply rooted monolingual ideology and the view that speakers have of using each language in a separate situation. On the other hand, Muysken (2007) states that if speakers use LA in a speech community, they may have a positive attitude towards both cultures. For instance, participants of Alenezi (2010) have shown a strong preference for using English and Arabic in the academic context and that the use of LA has no negative influence on both languages. Similarly, Ariffin & Husin (2011) and El-Fiki (1999) reported that students with less proficiency in English held a positive attitude towards LA.

2.3 Language Alternation in the Arabic Context

Aspects of LA are investigated in different contexts and between different languages in order to find a universal pattern for the functions of this phenomenon. The first part of this chapter (2.2) considered many examples from wide range

contexts involving many different languages. This section (2.3) focuses attention on switching between Arabic and other languages: first, in a range of Arabic-speaking contexts and then specifically in Saudi Arabia.

2.3.1 Language Alternation in the Arabic Context in General

To find the types, the grammatical constraints and the functions of bilingual and diglossic code switching involving Arabic and other languages, Abu-Melhim (1992) studies some informal conversations of bilingual speakers from a number of Arab countries, viz., Jordan, Iraq, Morocco, Egypt, and Saudi Arabia. He argues that instead of using one particular variety of Arabic as a lingua franca, participants make use of strategies of bilingual LA and diglossic code switching, which are closely interrelated in their functions. He notes that in some cases diglossic switching between varieties of Arabic is intended by the speaker to show a kind of loyalty to his or her own variety of Arabic. Thus, there is a conscious decision to code switch. In this connection, Mahsain (2014) maintains that in Arabic speaking regions people switch from their own dialect to the standard dialect in contexts such as school, the media and during religious performances, thus a diglossic code switching is common practice.

The use of Standard Arabic, Egyptian Colloquial Arabic and English is studied by Bassiouney (2012) to investigate the relationship between identity, stance-taking and code choice among Egyptians during the 2011 revolution. She notes that language is used as a social process and as a social practice as well, in which participants use LA as a marked choice to position themselves within a wider context and community. The choice between the three languages is used to position oneself in relation to one's country, political affiliation and identity to support or not support a specific group. Diglossic code switching is also investigated by Albirini (2011), who examines the patterns of LA used by

educated Arabic speakers of the Egyptian, Gulf and Levantine dialects of Arabic in religious lectures, political discussions, and soccer commentaries. He argues that participants switch to a dialect of Arabic rather than the standard variety to talk about topics of less importance, whereas Standard Arabic is switched to when introducing formulaic expressions or quotations, making emphasis, or to signal pan-Arab or Muslim identity.

Language alternation between Moroccan Arabic and French is investigated by Lahlou (1991). He focuses on the switches made by speakers of Moroccan Arabic to French on the one hand and switches made by native speakers of French to Arabic on the other. The analysis of the data shows that the grammar of the speaker's first language governs LA. Code switched utterances produced by a French native speaker and those produced by a bilingual Moroccan are similar in the sense that they are exact mirror images of each other. In the case of the Moroccan speaker, grammatical items, such as determiners, conjunctions, and prepositions, will be drawn from Moroccan Arabic and some of the lexical items from French. In the case of the French native speaker, it is found that the governing grammar is French and part of the lexicon is from Moroccan Arabic. Therefore, it is the grammatical rules of the bilingual's first language that influences his or her switched speech. He notes that LA has nothing to do with the absence of speakers' fluency in any of the languages; instead it constitutes part of a complex set of social attributes that emphasize the close connection between language and culture in the society.

In relation to switching in grammatical aspects, Bentahila & Davies (1983) in their study of LA between Moroccan Arabic and French report that their participants did not make a single switch between a pronominal subject and its verb or between a verb and its pronominal object. Bentahila & Davies subsequently conducted another study on LA between Moroccan Arabic and French among members of

three different groups within the Moroccan bilingual community, but this time to compare the language alternation between these groups, viz., an older group with a balance between Arabic and French, younger, Arabic-dominant bilinguals, and the young children of bilingual parents. They note that children's switches are found to be within the sentence, and are used in harmony with the principles of the adult community, whereas those of the adults function as in-group markers in the Moroccan society. Language alternation preference is found to be influenced by the participant's lifestyle and the experience of using these two languages in society (Bentahila & Davies, 1995).

Arabic-French LA is investigated in another context as well. In Tunisia, Lawson & Sachdev (2000) conducted a study on the aspects of LA between Tunisian Arabic and French, and established that participants have a general negative attitude towards LA as they show a propensity to use LA just to maintain in-group relations and to exclude outsiders at the same time. By contrast, Bouzemmi (2005) finds that switching between Arabic and French in Tunisia is used to emphasize a mixed identity through the use of the two languages in a single conversation. Mixed identity, too, is shown by heavy LA to Arabic as stated by Bader (2003) in his analysis of some interactions made by French, Russian, and Italian native speakers living in Jordan. Such processes of LA facilitate communication between interlocutors. This is also reported by Dashti (2007), who argues that Kuwaitis employ LA between Kuwaiti Arabic and English when speaking to different interlocutors in different interactions to ensure successful communication. A similar function of LA is found in the United Arab Emirates (UAE) as the country is a linguistic area in which, besides Arabic, Indian, Chinese, and Filipino languages are used due to the huge presence of expatriates, which results in communicative problems. Thus, multilingual LA is used to overcome such problems and ease communication in the country (Khuwaileh, 2002).

Tunisian Arabic-French alternation is also examined by Sayahi (2011) to see the extent to which French influences Arabic. His study shows that the frequency of LA, which is nearly always from Arabic to French, is determined by the education level of the speaker, distinguishing the group with a higher education from that with only a high school education. The study also shows that the contact between French and Arabic has resulted in lexical transfer from French to Tunisian Arabic. It also makes clear that gender has nothing to do with the use of LA. In this connection, Trabelsi (1991) establishes that in the conversations of younger Tunisian women, the switches to French are determined by the type of topic being discussed. For instance, in conversations containing taboo topics, a lot of lexical borrowing from French is found. Similar results are reported by Sayahi (2007), who studies LA between Tunisian Arabic and French on one hand, and Moroccan Arabic and Spanish on the other. He notes that there is an enormous amount of foreign lexical borrowing in the two Arabic dialects investigated in the study.

University students' context is targeted by researchers because it is a rich site in language alternation as students usually belong to more than one community and more than one language are in contact. For instance, Al-Khatib & Sabbah (2008) conduct a study on Jordanian university students' use of language in mobile text messages and note that students alternate between English and Arabic to facilitate communication. They switch to Arabic for greetings and quotations but they switch to English for prestige and to talk about academic issues (see section 2.2.4 above).

Alternation between Arabic and English in the academic context is also investigated by Alenezi (2010) in the Health Science College in Kuwait. He concludes that there is a strong preference among participants for using LA as a medium of instruction, which has, in their view, no negative influence on either L1 or L2 (see section 2.2.6 above). Jordanian students at Arizona State University are

targeted by a study conducted by Taweel & Btoosh (2012) to investigate their Arabic-English intrasentential code switching. They find that LA between English and Arabic is not accepted in certain cases, such as when the meaning of the unit is incomplete unless modified by what follows in the same language, whether English or Arabic, i.e., the more the morpheme is dependent on the following lexical item, the less language alternation is accepted. In the same connection, Hussein & Shorrab (1993) argue that their participants do not accept any type of language alternation between a pronoun subject and the predicate regardless of the language being used. Taweel & Btoosh (2012) also note that the period of stay in the United States, which influences level of proficiency in English, plays a role in the participants' acceptance of LA; the more they stay, the more they accept LA. Level of participants' proficiency is reported by Saleh (1998), who establishes that LA depends on the participant's proficiency in the second language. Proficiency in language is not the only factor that influences LA, but also area (urban or rural), sex, and age control LA as Bader (1995) argues. He reported that the most frequent LA to English cases were produced by well-educated, young females who were city dwellers.

In the higher education context, Jdetawy (2011) investigated LA between Arabic and English produced by Arab students at Universiti Utara Malaysia (UUM). The study shows that the majority of the Arab students at UUM code switch to English in their daily interactions, in which tag switching is the most noticeable type, and the reason for most switches is the lack of equivalents of English words in Arabic (Yasin, 2011).

Exploring the effects of LA on teaching Arab students at the General Foundation Program, Kiranmayi (2010) notes that participants used LA as a common feature that facilitates their effort to learn English, and suggests that it would be an effective instrument in EFL contexts. In the same line, Yasin (2011) studies LA

between Arabic and English made by participants from two bilingual schools in Amman, Jordan. She establishes that LA is employed for different reasons, such as expressing feelings and emotions within the same group - expressing identity and solidarity, excluding or including people from conversation, and hiding secrets.

Language alternation made by Arab children has received a considerable amount of scholarly attention. For instance, Gamal (2007) analyzes the patterns of LA of an Egyptian Arabic- and English-speaking three year-old girl. The participant of the study code switches from Arabic to English and vice versa to facilitate communication; such switches comprise lexical items including nouns, verbs, and adjectives. The child's switches depend on the linguistic abilities of the addressee and have nothing to do with the topic of conversation. Another study that focuses on language alternation made by bilingual children is conducted by Al-Khatib (2003), who studies the intrasentential and intersentential language alternation in informal contexts produced by three Arabic-English bilinguals growing up in London. She notes that the use of LA by participants is governed by the social factors in the speech situation in a way that the language choice shapes as well as is shaped by it. She argues that the findings of the study underline the role of the planned code switches in an utterance and their importance in establishing and maintaining relations between interlocutors and placing them within the micro-context of the situation.

Othman (2006) studies the code choices among first generation Arabic-English bilinguals in Manchester in Britain. The subjects of the study were originally from Jordan, Egypt, Libya, and Syria. They use LA as a communicative strategy in different settings, such as home, work, and university. Participants produce switches in reporting speech, reiterating, and accommodation to the addressee. In Britain also Al Ghussain (2002) reports that LA between Arabic and English is encouraged among Arab children by their parents who have positive attitudes

towards LA. Similar attitudes to LA are also signaled by some Romanian speakers living in Jordan, who switch to Arabic to show accommodation to the Jordanian way of life (Kanakri & Ionescu, 2010).

2.3.2 Language Alternation in the Saudi Context

A number of studies have investigated the phenomenon of LA between Arabic and English produced by Saudi participants. Perhaps surprisingly, all of these studies are conducted in different parts of the United States of America. For instance, a study of university students was conducted by Abalhassan & Alshalawi (2000) on Saudi students at universities in Pennsylvania, in which they note that LA is used as a communicative strategy for emphasis, quotations, and avoidance of taboo expressions, among other functions. Saudi Arabic native speakers in the USA are also the participants of a study made by Safi (1992), in which she investigates the role of English-Arabic LA in social identity negotiation. She notes that participants switch to Arabic to enhance bonds among their group, but they switch to English when the situation is formal.

Al-Enazi (2002) investigates the syntactic constraints and social functions of LA between Arabic and English produced by Saudi children and adult bilinguals in the United States. He finds that while LA to English is associated with academic terms, Arabic is switched to for the use of religious terms and certain discourse markers. Comparing LA produced by both groups, children and adults, he notes that child participants, whose dominant language is English, switch to Arabic to change the topic of conversation, but adult participants, whose dominant language is Arabic, code switch to English for academic purposes. He also notes that children add the English suffixes -ing and -ed to the Arabic verb; adults, on the other hand, insert the Arabic *ʔal/* ‘the’ to the English nouns.

Al-Mansour (1998) studies the language of twenty bilingual male Saudi students from Washington, D.C. universities and the University of Florida to see how participants switch between spoken Saudi Arabic and English. He discusses two types of LA – intersentential and intrasentential – investigating whether these switches have anything to do with the bilingual speaker’s high level of proficiency in L2. He establishes that the most switches were made by both highly fluent, proficient participants in L2 and less fluent and less proficient ones. This finding supports his emphasis on the idea that speakers with higher proficiency in both languages can produce all types of switches, while speakers with low proficiency in their L2 may produce fewer intrasentential switches than those with high proficiency, but do not produce any intersentential LAs.

2.4. Studies of Workplace Communication

Workplace interaction serves many functions. Individuals in their talk at work are occupied in the complex business of developing and preserving professional and social relationships with co-workers. In this section, I focus on some indicative studies that have been conducted at different workplaces, such as government institutions, universities, newspaper offices, hair salons, IT companies, and others. However, there is a lot of research about different aspects of workplace communication; some of these studies are conducted in monolingual workplaces (such as Holmes, Stubbe & Vine, 1999; Vine, 2004; Holmes, 2006, among others). Other studies are conducted in multilingual workplaces; for example, Mahili, 2014; Hultgren, 2014; Lonsmann, 2014; Sarracaz-Novoa, 2015; Issa, 2006; Hanne & Luring, 2009; Higgins, 2009; Holmes & Stubbe, 2004; Nelson, 2014; Angouri & Miglbauer, 2014; Gunnarsson, 2014; and others. Studies in multilingual workplaces are most relevant to the present project and are discussed in more detail in section 2.4.1 below.

The focus of studies that deal with monolingual workplaces is, by definition, not language alternation. Rather they address issues such as power (Vine, 2004 and Holmes, Stubbe & Vine, 1999) and gender (Holmes, 2006). However, some aspects of these issues are also relevant to the present research and some example studies are discussed below.

The workplace is a site where people negotiate power and identity through discourse strategies. Holmes, Stubbe & Vine (1999) discuss the ways in which people 'do power' as one aspect of creating a professional identity in the workplace. The site of the study is four New Zealand government workplaces during 1996 and 1997. Their study focuses on how people in authority negotiate power relations through certain discourse strategies. They note that participants' responses depend on what precedes and what follows, and, through sequential structures, they construct social orders and come to a shared interpretation of what is going on. Through their discourses, they are engaged in a dynamic process of identity construction. However, 'doing power' is attained through politeness strategies (see Chapter 3, section 3.6.4). Two types of discourse in this regard are distinguished: oppressive discourse involves the open expression of coercive power, and repressive discourse, which is a covert and often more positive means of exercising power (1999: 355); speakers minimize the overt expression of differences in status or expertise and create solidarity in order to gain participants' willing compliance and friendliness.

Holmes et al conclude that there are a number of ways in which professionals signal and negotiate their working relationships with others among them, in particular (1) negotiating a position: to show one's place in the institution reminding the participants about their position and the amount of power they have over the others, and (2) getting things done: managers\individuals indicate their power by giving directives to other staff members about how to do things in the

institution. They add that there is an ongoing shift in the linguistic form used from direct (imperative verbs) to less direct (non imperative, modals) according to who speaks to whom; for example, manager speaking to an assistant or vice versa. The shift is used also to move from 'doing power' to 'doing collegiality' or even 'doing friendship' in the workplace (1999: 377). Holmes *et al.* thus show that two language ideologies are at play: covert and overt. The covert one serves to improve relationships between people in the workplace, whereas the overt one is to make the situation formal and to get things done. These results cannot be taken for granted as the following study shows that the managers' roles are dominant ones especially in giving instructions.

A similar study was conducted by Vine (2004) who selects four government workplaces in Wellington, New Zealand to examine the linguistic features of their interactions. She notes that interactions held between managers and their executive assistants are characterized by a dominant role of the manager who gives instructions and advice, assigns tasks or provides feedback. Thus, most of the interaction is taken up by the manager and as a result, the role of the executive assistant becomes limited to some reactions where appropriate. But the case is somehow different in meetings between managers and their senior policy analysts in which turn-taking patterns seem to be a kind of informal conversation, which involves a lot of accommodating overlapping speech and the floor passes swiftly backwards and forwards between the two participants. In general, turn-taking systems in such interactions involving managers and their staff signal the influence of the workplace context.

In discussing power in the interactions between managers and their staff, Vine (2004) establishes that managers play down status differences by using some communicative strategies that empower lower level staff, such as asking them how they wish to do something and involving them in the decision-making process

rather than telling them what to do, creating strong, collaborative relationships, a key quality that organizations look for in managers (Scarlett, 2006). Such behaviour produces a joint effort, which builds good relationships and does not openly exercise the managers' power in such situations; these efforts are more remarkable than the demonstration of power and compliance.

Gender roles are also significant in understanding workplace communication. Holmes (2006) investigates the ways women and men signal their gender identities and their professional roles in a small New Zealand IT company. She states that gender is a key factor in interpreting what is going on in face-to-face interactions and without bearing that in mind, an interaction might not be correctly interpreted. Through her analysis, she demonstrates that what makes men and women effective communicators depends on their digressive repertoire, so they competently choose their strategies and styles to deal with different interactional contexts, i.e. flexibility and sensitivity to the context are significant in being a successful communicator. Thus, attention has to be paid to the context in which women and men operate that makes the indexation of masculine or feminine style rather than following the dominant 'male-as-norm' model (2006: 12). Gender distinctions seem to be important, as their role is sometimes crucial in choosing a particular style or language. However, in this thesis gender is not included as a variable as all the participants are male.

The workplace is a good site for investigating a wide range of communicative practices, policies and attitudes. More specifically, it is becoming an excellent location for the study of language alternation because of the fact that, increasingly, many workplaces employ multinational workers on the one hand, and the policy of the institution sometimes requires employees to use a particular language as the standard medium for official communications on the other. The following section

deals with research related to language choice and alternation in multilingual workplaces, which is the main focus of this project.

2.4.1 Multilingualism and Language Alternation in the Workplace

Language alternation in multilingual workplaces is a broad field of research. However, studies have addressed various issues such as language fluency (Mahili, 2014; Hewitt, 2012; Meyer and Apfelbaum, 2010), language ideologies (Hultgren, 2014; Lonsmann, 2014), social relationships (Holmes & Stubbe, 2004; Hanne & Lauring, 2009; Higgins, 2009; Nelson, 2014; Issa, 2006), and the role of language and the demands of the global workplace (Angouri & Miglbauer, 2014; Gunnarsson, 2014).

The importance of studying workplace communication has grown significantly in recent years due, in part, to the rapid rise in the mobile workforce, one consequence of which has been increasingly multilingual workplaces. Communication problems may arise when many of the workers in a given workplace are not fluent speakers of the dominant language of the company or organisation, which may impact both on their individual career development and on the efficient running of the enterprise.

Therefore, workplace communication deserves investigation because it is a key factor in fostering good relationships between employees, which, in turn, lead to the development and efficient functioning of the whole workplace. This section focuses on studies that investigate workplace communication in multilingual contexts to gain an insight into the role of the language choices made by employees and the impact that these have on their jobs and relationships with colleagues. For instance, Sarracaz-Novoa (2015) conducts a study on language alternation between English and Spanish in a multicultural and multilingual university workplace. The participants of the study are two from the United States,

one from Venezuela, one from Spain, one from Algeria and one from the Philippines. They work in the admission department of an American university in Spain. According to the nature of the workplace being investigated, most of the conversations were about students, databases and operating systems, so in these situations participants use English, but if conversations are about their private life, they use Spanish which is the language of their at-home lives. Moreover, if a new person joined the conversation, the medium will be changed according to the position of that person in the workplace and according to his or her language preference.

Roberts (2007) studies multilingualism in the workplace in England. She focuses on industry settings, including health services, where migrant workers are employed on the basis of the needs of the labour market rather than their education and experience. She makes a survey showing the shift in the workplace setting from monolingualism to multilingualism. The reason for this shift is originated by the institutions themselves as there is a need for translating notices and manuals, using interpreters and bilingual supervisors. Multilingualism in the workplace can be better understood through the evaluation reports of second language training, which include recommendations for a special kind of language training that influences managers, supervisors and gatekeepers who have relatively more communicative power and more linguistic capital in the workplace. Roberts concludes that assessment and selection processes in multilingual workplaces came to be against workers' interests rather than in their favour. The use of different communicative styles and different discourses results in negative evaluation and ultimately failure of the linguistic minority candidates as their communicative styles and experience are seen as inadequate. It is a kind of indirect discrimination.

High language fluency is an important factor in multilingual workplaces as it may contribute to employees' successful communication in doing their work and keeping their job; for example, the importance of language fluency for maintaining employment was investigated by Mahili (2014), who studies the relationship between the local language, Greek, and the global language, English, in a Greek workplace to see in what way employees' language competence corresponds to the allocation of their official and unofficial responsibilities and performance of their professional capabilities. She finds that the employees' ability to write in both languages is somehow linked to their career progression. In this sense, language becomes a tool that employees have to maintain in order to keep their jobs. Language choice was associated with the hierarchical levels of employees' posts, i.e. English was used in higher posts while Greek was used in lower ones. In addition, in communicating, whether in writing or speaking, with people in higher posts English was used more than Greek. The results also show that the use of Greek and English was connected to socialisation with similar post holders, which is considered as an unofficial but important necessity to fit in the workplace community. Therefore, employees can be promoted or not according to their language competence.

Similarly, Hewitt (2012) states that according to the US 2000 census about half (46%) of the foreign-born workers in the USA have limited English and among these 73% speak Spanish. So, as a result, Spanish is spoken beside English in many US workplaces. For this reason, workplace ESL programmes have been promoted and used to maintain safety at work. Moreover, workers' efficiency depends on their understanding of instructions given to them. Hewitt argues that this ESL training could not keep pace with the needs of the workplace and as a result training of the employees in their native language becomes inevitable.

The role of language fluency was also investigated by Meyer and Apfelbaum (2010) who state that in the UK migrant languages play an increasingly important role. For example, migrant patients in Manchester use interpreting services, in spite of the fact that most of them have been living in the UK for a long time, a period that allows them to speak English well. They call on interpreters for their community or family languages including Urdu. The authors add that the difficulty to adjust and propose language use under the condition of societal multilingualism connects with the varying scientific perspectives on multilingual communication. Moreover, moving between different languages is not always considered as a way to compensate speakers' lack of proficiency in another language or can be connected to their ethnicity. In this way, it is essential to note that multilingual communication is not necessarily restricted to conversations that involve speakers of different languages. Instead, speakers who share the same native language may use other languages for specific purposes.

Hultgren (2014) and Lonsmann (2014) investigated language ideologies in multilingual workplaces. Hultgren (2014) investigates the overt and covert ideologies in relation to parallellingualism, a dual co-existence of English and Danish, at eight universities in Denmark. In contrasting state- and institution-authored university language policy, she notes that both state and institution-authored policies overtly support parallellingualism, but the covert ideologies show that the state-authored policies emphasize more Danish with an intention to strengthen the national language. The causal discourses for such ideologies, she suggests, include romantic nationalism, anti-immigration, anti-globalisation and *laissez faire* (government non-interference) policies. Thus, it is an ideology that establishes Danish as the only language of the nation. Whereas in institution-authored policies the emphasis was found on a greater use of English, which can be seen, for example, in the act of employing the best international students and staff in order to compete internationally and the decision of leaving the language

of publication to the individual author. Such an ideology, as suggested by the author, stems from the financial difficulties that universities encounter, which necessitate them to make returns in different ways.

A study of a similar nature was conducted by Lonsmann (2014), who studies the linguistic situation in an international company in Denmark in order to find out what roles are played by language choice and language ideologies in the exclusion or inclusion of employees in that workplace. The corporate language is typically English and the local language is Danish. The results show that international employees have competence in the corporate language but are not skilled enough in the local language, whereas most of the local employees, Danes, lack competence in the corporate language. He establishes that there are two language ideologies involved: one is for relating language to nation, i.e. in-group and out-group, and the other is about the hierarchy system of English language users. The processes of inclusion and exclusion are based on these two ideologies. Employees with little knowledge of English are excluded from getting basic information at work, and for them, such lack of language competence stands as an obstacle in their professional development. On the other hand, international employees encounter social exclusion because they lack competence in the local language. Lonsmann concludes that it is necessary for all employees in this particular workplace to be proficient in both the corporate language and the local language in order not to experience different kinds of exclusion in the workplace.

In terms of specific functions of LA, research in multilingual workplaces has shown that language alternation is used to achieve personal and interpersonal goals at work, to reinforce good relationships between employees, to attract the attention of the listener and when cultural issues are involved. The following are example studies.

Language alternation in some New Zealand workplaces is studied by Holmes & Stubbe (2004) to see how New Zealanders from different ethnic backgrounds, viz., Pakeha, Maori and Samoan, use their linguistic resources in their verbal interactions to achieve personal and interpersonal goals at work. Pakeha are New Zealanders of European origin (mainly British) and constitute the largest proportion of the New Zealand population; whereas Maori are the indigenous population of New Zealand and Samoan are relatively recent Polynesian immigrants from the Pacific (Holmes & Stubbe, 2004: 136-137).

While these resources are inter-sentential and intra-sentential code switching between Samoan and English for Samoan New Zealanders, they include certain phonological and grammatical features for Maori and some Pakeha New Zealanders. Such features are interactional resources for New Zealanders to signal ethnic identity and solidarity and to reinforce good relationships with members of their own group in the workplace. These feelings are inferred from the way Pakeha use some features of Maori English and Maori styles of speaking to indicate, for example, solidarity with Maori listeners in certain contexts.

Aiming at identifying communicative practices arising from the decision to employ English as a company language in Danish organizations, evaluating the implications for social interaction and relationships within the multilingual workplace attracted the attention of Hanne & Lauring (2009). In the workplace of the study, Danish staff use the national language to see the extent to which foreign employees are willing to integrate, but the decision of management to resolve the situation by taking the decision to implement English as a corporate language results in language clustering and thin communication as significant features of the multilingual workplace communications which, in turn, interrupt information transfers and produce an unsystematic use of human resources.

Analysing face-to-face interactions of workers at a newspaper office in Dar es Salaam in Tanzania where English and Swahili are used, Higgins (2009) states that the workers use two or more of their languages in order to manage their social relations, and argues that they use English as a resource for managing their social relationships and as unmarked choice among themselves. Among the findings of the study is that participants are comfortable using LA between their languages. They use LA between English and Swahili to separate themselves from those who speak Tanzanian languages, and as a result, they situate themselves as members of a privileged group. Moreover, LA is used to interrupt and to encourage others to do work. English is used for greetings, to ease requests and to joke.

Socialisation with other employees in the workplace is also achieved through the use of certain aspects such as humour and swearing. Identifying communicative factors that have a positive influence on the integration of second language speakers in the workplace, Nelson (2014) focuses on humour and swearing produced by five second language speakers as tools for making and maintaining relationships between employees at a Swedish company. English is used as the lingua franca for external purposes, whereas Swedish is used for internal purposes and in daily interactions. English, rather than Swedish, competency is decisive in the promotion of the company's employees. She notes that the use of swearing is a way to express out-group distance and in-group solidarity, thus a social marker. Moreover, for employees, to be able to perform and handle humour and swearing is a key to building good relationships with team workers, which is in turn a key to professional success. She concludes that although it is difficult to perform such acts in a second language, as one might not be understood, participants do use them and are willing to take the communicative risks in order to maintain well-established relationships among the group. Difficulties in performing activities in second language also include discussing cultural issues as represented in Issa's (2006) study.

Investigating language alternation in the conversations of Turkish Cypriot adults in a London workplace, Tomboys Hair Salon, Issa (2006) conducts a study in order to show that language use in the Cypriot Community in London is in an ongoing process to adapt to new sociolinguistic paradigms. In spite of the fact that Cypriot Turkish is used to convey cultural experiences in daily conversations, there is a shift towards English in London. However, Cypriot Turkish words are present in conversations held in English to emphasize particular points made by the speaker or to attract the attention of the listener, but they retained their phonological, syntactic and semantic identities. Among participants, differences are found in the selection and organization of sentences by the older participants, who use more mixed codes than younger ones; in their conversations, however, it is also found that code switching from Turkish to English is higher than from English to Turkish. In certain cases, a Turkish sentence is used to reinforce a previously uttered English sentence. When the topic of conversation is something about the Turkish culture, speakers use Turkish words to support their views on the topic. He concludes that borrowing and mixing of English and Turkish is less likely to occur in formal situations than in localized settings such as the hair salon, the site of the study.

The role of language and the demands of the global workplace has been of interest for Angouri & Miglbauer (2014) and Gunnarsson (2014). Focusing on the lived experience of the multinational workplace, Angouri & Miglbauer (2014) draw on multinational companies situated in Croatia, Greece, Italy, Serbia, Sweden and the UK in order to find out the role of language and the demands of the global workplace. The results show that the employees take advantage of a range of linguistic resources in order to manage interactions in their work environment, and English has a dominant position because all workplaces investigated have adopted it as their corporate language; thus, it became a common language for business activities. According to Angouri & Miglbauer, code switching is one of the

communication strategies employees used to successfully get tasks related to their jobs done, and it becomes important to being able to function in the workplace. It is a new skill that is imposed on them as a demanding work reality. On the other hand, participants express their feelings of frustration of keeping two languages separate in an attempt to comply with their communication goals and business needs.

Similarly, the role played by globalisation and technological advancements in changing the way we view workplaces and business is investigated in multilingual workplaces in European settings by Gunnarsson (2014). He finds that Swedish and English are frequently required languages for jobs in Sweden, whereas, in Germany, the use of English is expanded in companies beside German, and the choice between the two languages mainly depends on the business context. In France, where the English language encounters a strong rejection and is officially resisted as a *lingua franca*, a number of large companies have nevertheless made English their corporate language. In spite of the fact that English is chosen to be the corporate language in a Danish workplace, staff believe that Danish is the natural language in Denmark, an ideology that has resulted in classifying foreigners according to their fluency in Danish. He establishes that linguistic competence creates a partition between people in the degree of fluency in corporate language and the majority language.

Based on the above discussions and example studies, it can be seen that research on multilingualism in the workplace is an important aspect of the broad field of workplace communication. The next section is concerned more specifically with multilingualism and language alternation in the medical workplace, which is the main focus of the present project.

2.5. Language Alternation in the Medical Workplace

Communication between medical personnel and their relationships may affect the quality of care they provide (MacKay et al., 1991). So, investigating the way they communicate might reveal the communicative problems they have, which might, in turn, help to improve the services they provide for patients and the medical outcomes in general.

2.5.1 Language Alternation in the Medical Workplace in General

As far as the main objective of this project is concerned, studies relating to medical contexts including hospitals, doctors, patients, etc. are of special interest. At a London teaching hospital, for example, Perakyla (1995) adopts CA techniques to investigate the structure of verbal interaction in AIDS counselling through 32 tape-recorded counselling sessions. She notes that AIDS counselling includes elements of advice-giving, providing information and support, and elements that are associated with counselling as a psychosocially oriented helping profession. She distinguishes three types of AIDS counselling environments, viz., ‘pre-test’ counselling, ‘post-test’ counselling and ‘counselling with HIV-positive patients’ (1995: 4). Moreover, she focuses on three types of questions: (1) what are the regularities followed in the interaction?; (2) how are questions asked, received and responded to?; and (3) why are things done in counselling the way they are done? She concludes that participants (counsellors and clients) construct special interaction events that are different from usual conversations.

A medical setting in Momostenango, Guatemala is investigated by Choi (2014) in order to find out how bilingual speakers use linguistic resources to signal social roles and maintain social relationships. The available resources are Spanish and K’iche’ on the one hand and second person pronouns on the other. Choi finds that Marta, the chief nurse, begins the interaction with elderly patients in K’iche’,

which is considered by the author a politeness strategy in that context when approaching the elderly as it is a kind of respect, whereas she uses Spanish when speaking to a lower-ranking co-worker. In other words, switching to K'iche' indicates solidarity between the participants which may index a lack of authority, whereas Spanish is associated with formality.

Similarly, Mondada (2007) uses an empirical case as a base for her analysis of observing the mobilization of bilingual resources in the surgical department of a major French hospital, focusing on language alternation as a resource by which the participants of the study account for, recognize and interpret what they are doing in their work station. The focus of the study is on the use of LA between English and French during a surgical operation. In this case the chief surgeon is addressing his international audience and a group of experts providing comments and advice. Among the findings of the study is that LA plays an important role in recognizing and organizing the turns and sequences. This is clear by the frequent insertions and expansions performed by the participants. For instance, in the following extract the insertion of French inside an English utterance is performed by the same speaker, and the suspended talk is started over by repeating the part of talk that was begun just before the insertion of the French segment took place. (French is in bold)

- 1 CAD so it's (.) important to stay as (.) **sans trop bouger oui merci**
- 2 without moving too much yes thanks
- 3 CAD It's important to stay as close as possible, (.) to the gastric wall.

(Taken from Mondada, 2007, p.306)

Moreover, participants rely on LA to shape, distribute and reconfigure related categorization devices by showing their position, during the discussion and comments over the surgical operation, in relation to the speaker in terms of paired

categories including: colleague-colleague, chief surgeon-assistant, expert-trainee, among others. In addition to the above findings, LA is found to be an important tool to make the institutional order, in which the action is going on, visible and comprehensible. This is done by classifying events as ‘officially broadcast’, ‘submitted to public scrutiny’ or ‘relating to limited areas and persons’.

In order to describe linguistic diversity in South African workplaces, Anthonissen (2010) studies the aspects of multilingual communication in a number of HIV-clinics in Western Cape that are run by the state. In such workplaces, Afrikaans and English are the languages that are most used, whereas IsiXhosa is rarely used in formal communication in the workplace. Since Afrikaans and English are well represented by all medical staff, there is a high frequency of LA. In this case, patients will be assisted in Afrikaans or English according to their preference or proficiency.

In these workplaces, patients whose L1 is Afrikaans use Afrikaans with doctors and those whose L1 is IsiXhosa use English with doctors but when they communicate with nurses or administrative officials whose L1 is IsiXhosa, there will be frequent LAs. For instance, a patient and official may begin a conversation in English or Afrikaans and then switch to IsiXhosa when it becomes clear that both participants speak IsiXhosa as their L1. Similarly, they may use IsiXhosa when talking about the details of the appointment, but switch to either English or Afrikaans when the topic is changed to more technical medical matters. On the other hand, patients whose L1 is Afrikaans may use or switch to English to accommodate with the language preferred by the care giver. Doctors mostly accommodate in communication with the patient. This linguistic accommodation is clear as they use less technical vocabulary avoiding medical terms. For more discussion of accommodation theory, see Chapter 3, section 3.6.6.

A further complication in the communication in medical contexts, in both multilingual and monolingual settings, comes from the use of LA between technical and non-technical styles of speech. For instance, Bourhis et al. (1989) investigate the practice and evaluations of medical language (ML) and everyday language (EL) use in the hospital setting in Canada by 40 physicians, 40 student nurses and 40 hospital patients whose mother tongue is English. The results of the study show that while doctors mostly use ML with other health professionals, they switch to EL when speaking to their patient, whereas nurses use a mixture of both ML and EL when speaking to each other but they use only ML with doctors and EL with patients. Patients use mostly EL with each other and try to use ML with doctors and nurses as a kind of convergence. All participants indicate that using EL with patients is more appropriate than using ML as the former promotes understanding for patients, whereas the latter is felt to be a source of problem for them.

While such studies address a wide range of issues, the common factor in most cases is that they focus on doctor/nurse-patient communication, while relatively little research has been done on doctor-doctor or nurse-nurse communication. Therefore, this study aims to fill this gap in the literature and thereby extend our knowledge and understanding of communication in medical workplaces. Its particular focus is on communication amongst medical personnel in Saudi Arabia.

2.5.2 Language Alternation in the Medical Context in Saudi Arabia

In spite of the importance of the linguistic situation in medical contexts, researchers have mostly neglected this important and interesting area in Saudi Arabia. Its importance stems from the fact that many of the health professionals are of various nationalities and do not speak Arabic, which results in making communication with patients and nurses who do not speak English difficult (Al-

Yousuf et al., 2002). My research has revealed that there are few studies that have dealt with medical contexts in Saudi Arabia. For instance, Makoshi (2006) investigates the use of English by Arabic native speaker nurses in King Fahad National Guard Hospital in Riyadh. The total number of participants was 100, among whom were 51 Arabic native speaker nurses, 26 physicians and 23 administrative staff. The results indicate that the nursing college prepared native Arabic nurses well for the hospital job and the nursing college English programme provided them with the necessary skills for their jobs. However, many nurse participants indicate that there were major gaps in the programme, such as the course duration, which weakened their success. Thus, the author has not focused on any LA phenomenon. Another study also conducted by Makoshi (2014) focuses on LA in academic medical lectures in Saudi Arabia, where English is the medium of instruction. The results of the study show that participants use LA between Arabic and English for solidarity, reiteration, elaboration, changing the topic, elicitation, checking comprehension and classroom management. Makoshi focuses here on communication in the formal academic setting and not on LA in the medical workplace. Therefore, it is hoped that the present study will bridge the gap in the literature concerning the Saudi medical workplace by providing information about LA use in this context as the study includes instances of formal and informal types of communication in daily life in the workplace.

2.6 Conclusion

This chapter has focused on the phenomenon of LA as an aspect of multilingual communication in the literature under a number of research areas. These areas include: definitions of LA, types of LA, approaches to the study of LA, functions of LA and then its use in real life situations, in the Arabic context in general and in the Saudi context in particular. A wide range of recent publications have been reviewed in order to gain a detailed overview of the status of LA in the literature.

Some studies go back to the 1970s but they are retained due to their continuing importance and prominence in the field.

As is clear from the discussion in this chapter, LA is an important aspect of multilingual communication; multilinguals use it for a variety of functions ranging from easing communication to signaling power and hierarchical status. According to the literature reviewed here, LA has been investigated in a large number of informal and formal situations in workplaces, in academic institutions, through social media and at home.

The medical context has received the least share of researchers' attention among other contexts. More precisely, with the exception of Makoshi (2006) the role of LA in the Saudi medical workplace context has not been studied, a finding that reveals a gap in the literature at least in relation to LA in the medical workplace in Saudi context. As the medical workplace context in Saudi Arabia constitutes an important multilingual site, since many of the employees are non-Arab, the use of languages other than Arabic is essential for the local people as well as for the employees themselves. In such contexts, communication plays a vital role in dealing with patients, visitors and among the employees of the organization. Therefore, this study is an attempt to bridge this gap in the literature.

Chapter Three: Methodology and Conceptual Framework

3.1 Introduction

In this chapter I discuss the methodology and the conceptual framework of the present study. The first part of the chapter (3.2) focuses on the research questions and the reason behind each question. Data collection methods and the techniques used for the purpose of the study are discussed in section 3.3 which includes: direct observation, recordings and interviews. Section 3.4 introduces the research site and the participants of this study. Section 3.5 deals with the orthographic representation of the spoken interactions and interviews showing which symbols are used and what is signified by each symbol. Theoretical approaches are dealt with in section 3.6 in which Ethnography of Speaking (EoS), Conversation Analysis (CA), Interactional Sociolinguistics (IS), Politeness Theory and Communication Accommodation Theory (CAT) are discussed. Moreover, this section includes the theoretical approach I adopt in this study giving the reasons why it is suitable.

3.2 Research Questions

The aim of this project is to investigate the communication process in the Saudi medical context and more precisely, language alternation at KASH. Therefore, to achieve this aim, the following focal questions are posed:

1. In what contexts does language alternation occur at KASH?
2. What are the functions of language alternation in spoken interactions?

3. What are the reasons for language alternation in these medical contexts?

The first question is meant to gather information about the contexts where LA takes place including the area in the hospital, the participants in the conversation, and the relationships between them, including hierarchical relationships or any other relations that might exist relevant to the situation. This kind of information is useful in understanding the phenomenon of LA since it is difficult to separate language from its context especially when dealing with the meaning of the message. In other words, the purpose of posing this question is to find out the relation between LA and the conditions in which it occurs. Data to investigate this question were gathered through observation and the audio recordings.

The role of LA in any conversation cannot be neglected when analysing that conversation. On the one hand, participants may use LA unconsciously with no particular function in mind, on the other hand, their LA might be interpreted as signalling a kind of function that the speaker did not mean. The second question investigates such issues in order to understand the purposes of using LA in KASH, which, in turn, helps in making conclusions about the whole phenomenon. The functions of LA are reached through the analyses of the recorded interactions and from interviews in cases where recorded interactions are not feasible/possible.

The third question is designed to collect information about the reason why a speaker uses LA in his turn revealing the motivation behind LA use. More precisely, it investigates what exactly the speaker intends to communicate by his LA. This is the difference between this question and question 2. In other words, question 2 investigates the function of LA (its effect in the interaction), whereas question 3 looks for the reason why a participant makes an LA, i.e. the reason for LA from the speaker's own perspective. For this kind of data collection, interviews are the main source. Moreover, this question is different from the

overarching goal of this project, which is to understand the motivation behind LA. The reasons behind LA arise from the analysis of the participants' own answers to the question why they use a specific language. Whereas the motivation is analysed taking into account various things, some of which are the answers provided by the participants, the researcher's own interpretation, and the functions of LA and where, how and when LA occurs. The idea of motivation brings all these things together to find an answer to this question: what motivates medical personnel to switch from Arabic to English or vice versa?

The answers to these questions will provide an understanding of the motivation behind language alternation, which is the key question in this study.

3.3 Data Collection Methods

Data collection is a difficult and complicated task in which the researcher has to decide which method is the most appropriate for the purpose of the particular project. O'Leary (2004: 150) says: "Collecting credible data is a tough task, and it is worth remembering that one method of data collection is not inherently better than another. Each method needs to be weighed up and considered in light of your own research goals, as well as the method's inherent pros and cons." In qualitative research, there are three major ways of obtaining data, viz., observation, interview, and examination of documents (Bryman, 1989). However, as far as the purpose of this study is concerned, observations, recordings of spoken interactions, and interviews are used as the means of data collection (see sections: 3.3.1-3 below).

3.3.1 Direct Observations

Observations are a main feature in ethnographic fieldwork. According to Jan Blommaert and Dong Jie (2010: 12), "Ethnography is an inductive science". That means it goes from evidence based on observation to forming theory. For me, an

ethnographic perspective helps me to understand the contexts in which LA takes place including time and place. Furthermore, it helps me in making connections between the information I collect and what happens later (for more on ethnography, see the discussion under section: 3.6.1. below). Thus, one can decide to which extent a certain group of participants is appropriate for the research purpose (Nortier, 2008). Other reasons to use an ethnographic approach include understanding the workplace, how the workplace is organized, how the spaces are organized, which spaces are for nurses, which spaces are for doctors and which ones are conducive for talking and chatting (for workplace pictures, see Appendix VI). These reasons motivated the researcher in this study to begin data collection with observation.

Direct observation involves the presence of the researcher in the field of the study to make notes about what goes on in relation to their research. It is an important way of gathering data as it allows the researcher to collect information about participants' behaviours that is not available through other types of data collection such as audio/video recordings or interviews. In this study, the researcher was the observer. Whitehead (2006: 7-8) introduces some important points to be taken into consideration when doing fieldwork observation; the ones most relevant to my study are summarised below:

1. Location: I recorded information about the scene I observed which include the characteristics of the setting (e.g. whether it is a waiting room, a nurse room, a hall, etc.) to see whether this has any role in the conversation.
2. Actors: this includes the number of people and a description of their characteristics, such as sex, age, nationality, languages, and whatever features that seem to be fundamental in understanding their linguistic behaviours. In addition, a two-digit code is given to each participant for

future contact, if required in this study, for instance, D35 means this participant is a doctor whose number in the list of the participants is 35 and N2 means this participant is a nurse number 2 (see Appendix I).

3. Events: I recorded the reason(s) why a particular event took place.
4. Time: the time at which the event took place is recorded as well as the day and date.
5. Interactive patterns: I included information such as whether there is any kind of friendly or conflicting behaviours between the actors, and if there is any actor who has a leading personality that facilitates the interaction between the actors.
6. Language: I made notes on the language of communication between actors such as which language is used, is there any kind of language alternation and when, why, by whom, when addressing whom; are there any communication breakdowns caused by language differences.
7. Non-verbal behaviour: kinesic and proxemic behaviours of the actors are noted as they may influence the interaction.
8. Wider social systems: I noted whether any social systems such as family, workplace, etc. might have any influence on the participants' behaviours.

3.3.2 Recordings

In sociolinguistic studies, researchers consider recording talk a fundamental method of data collection (see, for example, Myers-Scotton, 2006; Heller, 1995; Gumperz, 1982; Gafaranga, 2007a; Bailey, 2007; Elizabeth, 2007; Lyons and

Doueck, 2010). For example, in spite of the theoretical differences over the phenomenon of language alternation such as code switching, code mixing, and convergence, researchers have relied heavily on recordings (Auer, 1998; Moyer, 2000). Thus, the importance of recordings in data collection stems from the fact that (1) recording allows other researchers to evaluate the data and make conclusions independent from my own conclusions; (2) it is possible for me to create audio databases to be used in the future when the need arises; and (3) it allowed me to replay some of the recorded interactions which really helped me in understanding them.

Participants' informed consent is absolutely necessary. As Cameron (2001: 22) puts it: "It is not worth risking your relationships for a research project or a good mark in a course, and it is not right to violate people's trust, whether or not you are caught doing it." Thus, as far as recording is concerned, it is good research practice to make sure that authorities in the target workplace or institution have no objection for the researcher to conduct recording sessions in their institution and that is obtained through formal correspondence between the researcher and the institution. Thus, in accordance with the ethics procedures required by the University of Southampton, I obtained a no objection certificate from the hospital authority and informed consent letters from the participants (see Appendix IV) before recording sessions started.

In addition to the above, I made sure that the place of recording is convenient for the participants so it does not distract their attention; I needed to make available a stress-free atmosphere in which participants feel secure and comfortable to participate and express themselves (Dornyei, 2007: 140), and my presence does not affect the conversation in respect of its being natural. Recording may need to be played for the participants so that they can comment on certain utterances (Clemente, 2008); in addition, I may need some clarifications for certain language

phenomena, but in discussing the recorded interactions with participants I did not use any technical terms such as code switching, code mixing, etc.

Overall, I recorded 65 interactions in which participants of different types are involved (see Appendix II). The duration of recording was about 30 hours.

3.3.3 Interviews

Interviews are a systematic way of talking and listening to people for certain purposes. Heller (2008) states that interviews are useful in two ways: they are helpful in understanding people's life track and social positioning, and they are important sources of accounts that allow quick insights into the values and beliefs of people. Interviews help researchers find declarative data on language use and can be used as authentic communicative situations in which naturally occurring talk takes place.

Interviews may be structured, semi-structured, or unstructured. The semi-structured type of interview is used in this research because, as the name suggests, they are flexible, i.e. neither fully fixed nor fully free. It allows the interviewer, the researcher in this study, and the interviewees to modify, restructure, and elaborate on particular questions depending on the direction of the interview. Such type of interview begins with some defined questions, but continues in a conversation-like style.

At the very beginning of each interview, I built a rapport which included the introduction, handshake, and words of thanks and appreciation to the interviewee(s), so that interviewees felt comfortable talking to me, the interviewer; then, I introduced the purpose of the study and the expected length of the interview (in this study, 30 – 60 minutes). Finally, I explained the ethics which involve confidentiality, participants' rights not to answer any particular questions

and the right to end the interview upon request, and to withdraw or even to ask for deletion of the data at any time in the future.

The language of the interview depended on the interviewee's preference (in this study: English or Arabic); however, whichever language is chosen, I used simple sentences and tried to avoid technical terms as much as possible. In this study all the interviewed participants have already been recorded in conversations. I began each interview by playing the recorded material in which they participated. Thus, most of the interview was about the piece of conversation the interviewee participated in. My aim in conducting such interviews was to collect more information about the participants' use of language, i.e. to know how and why they use LA. Although the use of this tool was useful in many cases, it was not as valuable as anticipated. In some cases, interviews were not entirely successful in eliciting reliable information about the reasons interviewees use LA due to the specificity of the questions. On reflection, the results suggest that the interviews could have been done in a more effective way by framing the questions addressed to the interviewees more appropriately.

The following are the basic questions I asked all interviewees, but they are not the only ones as this type of interview allows me to modify or add questions:

- i. Do you remember this conversation? (If not, I try to remind him about it by giving him information such as where and when it occurred, and with whom.)
- ii. What can you say about what you have just heard, or what is your comment on that?
- iii. Do you notice anything unusual in this conversation?

- iv. Why did you mix Arabic with English or English with Arabic (according to the situation)? (If the participant can't give any reasons, I suggest some reasons based on what is there in the literature or some reasons I guess, and I see if he accepts that.)
- v. How often does such a practice occur, and in what situations, with whom?
- vi. At the end of the interview, I ask the participant if he has anything to add.

Over the course of my research I conducted 38 interviews with doctors, nurses and administrative employees (see Appendix III). The duration of the interviews was about five hours.

Combining recordings with observations and interviews in data gathering yields more valid, reliable, and varied results (Lyons and Doueck, 2010). The choice of interviews as one of the tools of data collection follows common practice in interactional sociolinguistics. For example, in the study by Gumperz (1982: 62) on Spanish-English bilinguals living in a Puerto Rican neighbourhood in Jersey City, his participants claim that they speak only Spanish at home and English at work. However, his analysis of their informal conversations showed the use of metaphorical switching, so he then conducted some interviews with them to elicit insights about their use of LA. As far as this study is concerned, the use of this tool has some benefits such as getting more explanation from the interviewees about the way they select the medium of communication whether English or Arabic and the reason of moving from one language to another in their interactions. However, in some places it was not helpful in that interviews were not successful in achieving the goals they were intended to. For instance, the questions delivered to the interviewees were too specific for which they provided answers with insufficient information about the phenomenon of LA. Having done the analysis, the results show that it could have been done in a more rigorous and

effective way particularly to the questions addressed to the participants. So, having reviewed this, the value of using this particular tool is not as valuable as it was hoped to be.

In this project, the observations were helpful in deciding about the context in which LA took place which provided answers to question 1. Analysing the recordings of spoken interactions helped me in answering research question 2, which deals with the functions of LA. Finally, interviews were conducted with the participants in order to seek answers to question 3, which investigates the reasons behind LA in this medical context.

3.4 Research Site and Participants

3.4.1 Research Site

In doing any research, the selection of the site is one of the important steps because it is going to be the source of the data for the intended study (Lanza, 2008). Thus, the in-depth description of the site of the study whether company, school, hospital, airport or any other institution provides necessary information for both the researcher and the reader that helps to understand what goes on in that organisation, and what the structure and nature of the organisation are like, and ultimately to interpret events and interactions.

Access to organisations and their members may not be easily obtained. In many cases, organisations resist being investigated because they are doubtful about the aim of the study. In addition, the organisation's authorities might be concerned about the time that they are going to spend with the researcher, if they are going to participate in the study and whether the results of the study will show anything negative about their organisation (Bryman, 1989).

As far as the aim of this study is concerned, KASH was chosen to be the site of the study as it is a multilingual and multicultural organisation on the one hand, and I am familiar to the whole site including people working there on the other (for my role in the study, see section: 3.4.2 below). Although Arabic and English are the two most widely used languages in the hospital, people use other languages for communication as well such as Urdu and Hindi. Thus, it is a potentially very rich site for sociolinguistic research. For more information about the research site, see Chapter 1, section 1.2 above.

3.4.2 Participants

The selection of participants is also very important as it plays a key role in generalizing the findings of the study (Lanza, 2008). When we focus on individuals themselves, who are they in the organisation? And their linguistic and cultural backgrounds, their number becomes less important as they are going to represent larger groups (Stringer, 2004). Thus, it is essential to select participants in such a way that they can together be considered to represent the whole workplace.

Lanza (2008) states when selecting participants, individual differences between them must be taken into consideration such as, language history, their proficiency in the different language skills, being monolingual, bilingual or multilingual, and the social variables such as sex, age, education, socioeconomic status, etc. As far as this study is concerned, those differences related to language proficiency, participants' education, the position they occupy in the workplace and their nationalities are taken into consideration.

In this study, participants are divided into two broad categories, namely, medical personnel and non-medical personnel. Keeping in mind the social constraints of Saudi society in general and the KASH community in particular, all the

participants are male; furthermore, the researcher's identity plays an important role in this respect. In the Saudi culture, it is preferred that women have access to women and their families on the one hand, and on the other hand being an insider or an outsider may have negative consequences. When the researcher is an outsider, participants may act carefully or artificially as they know that they are being observed and every movement or fragment of speech they utter is recorded or noted (Nortier, 2008: 44; Lanza, 2008: 76). When the researcher is an insider, participants may not be serious enough to answer the researcher's questions related to the topic of the study. However, in this connection, Ulin et al. (2005: 72) suggest that the researcher has to decide whether to be an outsider to evaluate events from his or her own point of view, an insider to look at events from participants' perspectives, or somewhere in between depending on the purpose and the nature of the research. In this study, my role as a researcher is that mostly I am an insider. I am an insider in the sense that I am engaged in some interactions; in such a role the distance between me and the participants is reduced – a fact that enables me to view events through participants' eyes and ears (ibid). Being an insider, my role as a researcher is almost instantaneously acceptable to the participants; thus, I can understand the emotional, and/or psychological states of participants as well as I find familiarity with the participants that bonds me to them in ways perhaps not felt by outsiders (Chavez, 2008). However, I am also an outsider in the sense that I am not part or an employee of the institution - a fact that makes the participants serious enough which, in turn, enables me to listen, question, and interpret what is said.

The participants involved in this project are mostly doctors, nurses and non-medical staff (receptionists, porters, etc.). Based on the researcher's field observations, patients have been excluded from being participants in this study for two reasons. First, due to the fact that they are unlikely to use languages other than Arabic since most of them are local people from Taif and surrounding villages who can

communicate only in Arabic. Secondly, because doctor-patient communication has already been widely studied, whereas there is comparatively little research on communication between medical practitioners. By contrast, the selected participants' talk is rich with LA between English, Arabic, Filipino, and some South Asian languages (mostly Urdu or Hindi). They have different countries of origin: most of them are Saudis; however, other nationalities include Egyptians, Filipinos, Indians, Pakistanis, Syrians and Sudanese. The total number of the participants of this study is 75 (more information about participants is available in Appendix I).

3.5 Data Transcription

In this thesis, the English texts of the interactions and the interviews is left as it is since the thesis is written in English, whereas the non-English texts are phonemically transcribed above the English translation in order to allow the reader to understand the conversation or the interview. The following symbols and characters are used:

D	Doctor
E	Employee
N	Nurse
P	Patient
R	Researcher
X1, X2, X3, etc.	When more than one speaker have the same identity, a number is given. For example, D1 = Doctor number one, N3 = Nurse number 3, and so on.
S	Security person
V	Visitor

:	Long sound
::	Extra-long sound
1, 2, etc	Turn number
Segoe UI italicised	Transcription of Arabic utterances
Segoe UI normal	English utterances
Times New Roman	English gloss
@	Laughter. Utterances spoken laughingly are put between <@><@>tags.
(.)	Short pause (less than a second)
(..)	Long pause (more than a second)
//	Non-English words are phonemically transcribed and included between two slashes.
{ }	Curly brackets are used to include contextual information especially when it is important for the interpretation of the interaction. For example, {mobile rings}, {D1 enters room}, {D2 points at N1}, etc. ¹

Table 3.1 shows the Arabic letters and how they are transcribed.

Arabic letter	Phonetic symbol	Arabic letter	Phonetic symbol
² ا	ʔ	ع	ʕ
	a	غ	ɣ
	a:	ف	f

¹ VOICE Project (2007)

² This Arabic letter represents more than one sound according to the context where it occurs.

ب	<i>b</i>	ق ³	<i>q</i>
ت	<i>t</i>		<i>g</i>
ث	<i>θ</i>	ك	<i>k</i>
ج	<i>dʒ</i>	ل	<i>l</i>
ح	<i>ħ</i>	م	<i>m</i>
خ	<i>x</i>	ن	<i>n</i>
د	<i>d</i>	هـ	<i>h</i>
ذ	<i>ð</i>	و ⁴	<i>w</i>
ر	<i>r</i>		<i>u</i>
ز	<i>z</i>		<i>u:</i>
س	<i>s</i>		<i>ɔ:</i>
ش	<i>ʃ</i>	ي ⁵	<i>y</i>
ص	<i>ʂ</i>		<i>i</i>
ض	<i>ɖ</i>		<i>i:</i>
ط	<i>ʈ</i>		<i>eɪ</i>
ظ	<i>ʒ</i>	ء	<i>ʔ</i>

Table 3.1: Arabic letters and their phonetic representation

³ This Arabic letter represents two sounds: first one is the MSA pronunciation whereas the second is pronounced in colloquial varieties of Arabic.

⁴ This Arabic letter represents four sounds: the first three are used in MSA whereas the fourth is used in colloquial varieties only.

⁵ Same as above (footnote no. 4).

3.6 Theoretical Approaches

3.6.1 Ethnography of Speaking

Ethnography of speaking is a method of discourse analysis which draws on the anthropological field of ethnography. It involves the application of ethnographic techniques to the analysis of language use; language is not just used as a tool to find more about other things, but it is an object of ethnographic interest in its own right. So, it is an approach to working with talk in which ways of using and interpreting language are examined taking into consideration the cultural context they occur in. Language and culture are interlinked. As Philipsen (1975: 13) puts it: “Each community has its own cultural values about speaking and these are linked to judgments of situational appropriateness”. According to Cameron (2001) ethnography of communication is the application of ethnographic techniques to the communication patterns of a speech community. According to Jan Blommaert and Dong Jie (2010), the main purpose of ethnographic fieldwork is to find out things that do not seem to be important but belong to the hidden structures of participants’ own lives, and as far as language is concerned, ethnography is understood as a procedure and a succession of plans by means of which the ethnographer can say something about the context which is the main concern of ethnographic fieldwork.

Ethnographers in this qualitative kind of research try to find out which speech events are important for a particular group, and what meanings members of a group relate to different events. Thus, they spend a long period of time with the target people to learn about their behaviour through observation, recording, interviewing, and participating in their activities to be very close to them as much as possible. Lindlof and Taylor (2002) state that ethnography of communication studies turn out detailed analyses of communication codes and their function in

different contexts in which speech communities are made up of local and continuous performances of cultural issues.

The ethnography of speaking has become a way of analysing the patterns of speaking that are effective in certain language-using communities. It entails the investigation of what Hymes (1972) called ‘communicative competence’, which is about the rules of speaking as opposed to ‘linguistic competence’, which is about the rules of words and grammar in communication. To investigate the rules of speaking, he proposed three hierarchically ordered units:

1. speech situation, the highest in hierarchy, which is the social context in which the activity, speaking, takes place (for example, when the participants involved belong to different age-groups or gender);
2. speech event, the second hierarchical unit; such events are characterised by the use of the language, and they cannot be made except through language. An activity of this type could be argument, gossip, or storytelling. More than one speech event might occur in the same speech situation in an informal situation such as the one between friends or family members, but in formal situations, such as institutional ones, speech events such as lecture or interview are expected to happen with situations they are made for, i.e. there will be no mixing of events: one event for one particular situation; and
3. the third unit of analysis in the hierarchy of this framework is the speech act. Speech acts include greeting, apologizing, insulting, and asking or answering a question. These speech acts are not speech events, but they shape different kinds of event; for example, apologizing may lead to gossip or argument. The question is which acts are carried out in what order?

Since the main theme of the current thesis deals with language alternation found in the oral communication of the medical personnel of KASH, the second unit of analysis, the speech event, is seen as the most important one as it is the event to which rules of speaking are applied.

In this approach, analysts are interested in which speech events are found in a given community, why they occur and why they have particular characteristics. ‘Why’ questions are meant to help the researcher determine the social and cultural importance of speaking in a particular way; for instance, why are people in that culture or society found to be engaging in joke-telling or gossiping a lot?

This approach contributes to the way researchers think about talk as it is inseparable from culture; talk is an activity which is culturally rooted. The principal aim of the analysis in this approach is to analyse what participants of a talk are doing, and what they think they are doing, when they are engaged in that talk. In the present study I utilized this approach in analysing some turns in the interactions linking participants’ LA to their culture to find out the role of culture in using a particular language (see Chapter 5, section 5.3).

3.6.2 Conversation Analysis

Conversation analysis is an approach to the study of social interaction, taking up not only verbal behaviour but also the non-verbal one in everyday life situations. The conversation analysis approach developed out of ethnomethodology in the 1960s and early 1970s by the sociologist Harvey Sacks and his associates Emanuel Schegloff and Gail Jefferson (Schegloff, 1992). Initially it was concerned with informal conversations, but later it included more institution-centred interactions such as those found in doctors’ offices, courts, educational institutions, and mass media. It looks at the details of talk-in-interaction to find out how participants do the work of talk within the immediate speaker-hearer context. What is central to

the conversation analysis approach is that participants take turns at talk. It aims at describing sequential patterns i.e. the order of turns, what comes after what and how one turn influences the next. It is a data-centred approach in which the analyst does not depend on any evidence that comes from outside the interaction. So, he does not look for any information about participants' identities, their daily practices or their ways of thinking; what is important then is the talk itself which is locally managed in the sense that its structures and patterns come out of what participants do as they proceed in conversation. Moreover, actions are connected to each other in one way or in another; as Goodwin and Heritage (1990) establish that any conversational action is considered as both displaying and understanding of previous and following conversational actions.

In the conversation analysis approach, the research begins by data collection which is in the form of video or audio recorded conversations out of which the researcher makes a detailed transcription. This kind of transcription shows participants' intonation, gaps in talk, overlaps, interruptions, variation in pronunciation, etc. Attention is paid to the local context: what these linguistic actions mean to these participants in this particular context and to the sequential organization.

Sacks et al. (1974) mention that when people listen to someone's speech, they use their knowledge to guess the end of the turn in progress which means that they know, as a result, the transition point: the point at which speaker change may occur. This process involves paying attention to a number of things, such as what is said, the prosodic and grammatical structure of the speech, and the gaze of the speaker. They suggest a way for assigning turns to particular participants in a conversation which includes that the current speaker selects the next speaker, the next speaker assigns himself the turn (a self-select process), or the current speaker continues. What is worth mentioning here is that sometimes speakers start

speaking before the previous speaker has finished; this case can be either an overlap or interruption. Overlaps take place when a speaker begins speaking as he fails to guess the end of the previous turn; whereas interruptions take place when a speaker begins speaking at a point where the previous speaker's utterance is clearly not a transition point for the next turn.

Since Sacks and colleagues' early work, conversation analysis has been applied to talk-in-interaction in a wide variety of contexts. Researchers have applied conversation analysis to different material collected to show the status of a language among which is language alternation.

In 1984 Auer projected a framework for using conversation analysis to understand the pragmatic/discourse functions of code switching/mixing that takes place in a piece of conversation. In this framework, the norm in a conversation is that speakers use the same language of talk if they don't have any reason or preference to change it. Therefore, any change in language or insertion of items from any language other than the language of talk should bear meaning. He states that in a bilingual conversation, what can be seen by the linguist as two different languages or codes may or may not represent two different languages or codes for the bilingual participant (1984: 26). Auer mentions two types of language alternation, viz., code switching and transfer. The former comprises longer sections of language which correspond to alternation clauses or conversational turns, whereas the latter comprises smaller units or individual words, insertion. He continues to add another dichotomy, which is participant related language alternation versus discourse related language alternation. The former has something to do with the speaker and his language preferences, whereas the latter would signal the details of the interaction.

However, Conversation Analysis has some limitations. Being a data-centred model, it does not require the analyst to take account of any evidence that comes from outside the interaction itself, thus information about participants' identities, daily practices or their ways of thinking are ignored. The guiding principle is that it is possible to analyse talk-in-interaction by focusing on, and examining, only the observable speech and patterns of interaction. Followers of this model do not believe that it is necessary to consult with the participants or members of their speech community in order to arrive at an adequate description and interpretation of the speech event. Thus, it is not designed to investigate the interaction's production from any perspective external to participants' own understanding of their circumstances and communication. Moreover, it has been criticised for placing emphasis on the sequencing of utterances and neglecting social messages, social motivations and identities of the participants (Myers-Scotton & Bolonyai, 2001). As for the data of Conversation Analysis, it is restricted in the sense that it consists only of recordings of naturally occurring interactions, which arguably limits the validity of its findings, since characteristics of the participants (for instance, age, gender, institutional position and context and personal background) are disregarded. So, this raises questions such as why sources like interviews with participants and their comments on recordings are not of potential interest.

While analysing the recorded material in this project, I have used the framework of conversation analysis, including Auer's work, to a certain extent: for example, in order to relate participants' LA to the speaker's wish to follow the preceding language choice, on the one hand, or to the fact that it is the topic of conversation that makes them alternate between Arabic and English, on the other hand. However, in order to answer all the research questions, other approaches were required in addition to this.

3.6.3 Markedness Model

The markedness model, which was proposed by Myers-Scotton in 1993, is one account of the social indexical motivation for LA. It is based on the Co-operative Principle of Grice (1975) as a system of ethics and three maxims. The model holds that speakers use language choices to index Rights and Obligations (RO) Sets that they wish to be enforced between them and their addressees for the current conversation (Myers-Scotton, 1993b). In relation to bilingual code switching, Myers-Scotton developed the following three maxims: the ‘unmarked-choice maxim’, the ‘marked-choice maxim’ and the ‘exploratory-choice maxim’. The first refers to situations in which LA between the two codes is conventionalized within the speech community; in other words, particular LA choices are predictable based on the way participants view each other and their social relations. Conversely, the second refers to situations where the choice is unexpected by the listener(s). The third refers to situations when participants are not sure about the suitable social standards or which choice is likely to be used. Thus, the markedness model holds that there is a binary ‘marked/unmarked’ distinction related to the binary distinction inbuilt in bilingual interaction.

However, the markedness model has been criticised by Auer (1998) for the fact that it does not adequately describe speakers’ perceptions of their own behaviour. Auer believes that speakers do not necessarily make reference to any pre-existing normative model; instead, they actively create and produce social meaning according to the details of the interaction (Auer, 1998). The model has also been criticised for not accounting for variability within languages as it describes only LA from one language to another and does not pay attention to alternations between the dialects of the language itself. This point is made, for instance, by Meeuwis and Blommaert (1998), who also criticise the markedness model for adopting the idea that, in an interaction, monolingualism is the normative point of

reference. Moreover, Woolard (2004) has criticised the model for the assumption that LA is a conscious choice as, in her own research, she showed that speakers are not always aware of their LAs in interactions.

3.6.4 Interactional Sociolinguistics

Interactional sociolinguistics (IS) is an approach that utilizes discourse analysis to investigate how language users create meaning through social interaction and is most closely associated with the work of John Gumperz (see, for example, Gumperz 1982). It focuses largely on contexts of intercultural miscommunication in which participants do not share the same cultural background. Gumperz's programme indicates that the social and cultural background are not ideas and judgments external to conversation, but rooted in the talk and behaviour of the interaction. This challenges the assumption that context is separate from communication content.

He argued that when people communicate they shift interpretive frames through contextualization cues, which are culturally specific and mostly unconscious. People of different cultural backgrounds in a conversation may not recognize such cues in one another's speech, and as a result, there may be misunderstanding.

To show how contextualization cues function in communication, Gumperz (1982) provides an example that comes from a workplace cafeteria in which a South Asian server pronounced the word 'gravy' with falling intonation when serving a white customer. For the server, the falling intonation was meant to ask a question: "Would you like gravy?", but it was interpreted by the customer with falling intonation as an assertion contextualizing a statement similar to "This is gravy", which they found rude and unnecessary since it is the customer who decides what he wants. Gumperz explains this misunderstanding by pointing out that British English speakers expect offers to be in rising intonation whereas in Indian

varieties of English falling intonation on offers has the same meaning as rising intonation in British English. The cause of the problem is that there is a kind of difference in the traditions of using intonation in connection to offers. Both parties were not aware of such differences, resulting in misunderstanding: small differences may lead to a big problem.

The significance of the interaction in Gumperz's above example cannot be 'read off' directly from the participants' utterances; rather, it lies in an interpretation by the second party that affects the intended meaning of the first party. In this case, the rising or falling intonation is meaningful as it changes the expectation of the listener. This exemplifies Gumperz's contextualization cues, which include also pitch, stress contrast, hesitation, gaps, and switching between languages, codes or styles.

In their investigations, IS scholars take the socio-cultural context of speech, such as the speakers' ethnicity, gender or socioeconomic class and the social relationships between participants, to be central to how interaction unfolds and are interested in exploring diversity of turn-taking patterns across cultural groups (for example, Tannen, 2005). They also seek to take account of both verbal and non-verbal behaviours in order to construct meaning. Thus, by contrast to some other approaches, such as conversation analysis in particular, it shows a more social and cultural emphasis by incorporating not only linguistic and non-linguistic features of interaction but also socio-cultural norms and conventions and contextual factors that extend beyond the immediate environment of the interaction. In their analysis, they also sometimes use playback in which the recordings of interactions are played for the participants or other insiders to the language variety or community, so they can ask them for their impressions in an open-ended way. In this way, it offers multiple perspectives on interaction which can offer considerable insights into patterns of cross-cultural (mis)communication.

For the purposes of the present study, IS was useful in understanding the reason why participants switch between Arabic and English by linking their LAs to the socio-cultural context in which LAs took place. For instance, in many situations LA was attributed to the participants' linguistic background where it was easier for them to express themselves in one language rather than the other. For instance, in examples 4.1 and 4.5 D1's LAs could not be interpreted without knowing his linguistic background and language preference which emerged in the interview with him. Similarly, the reason for LA to Arabic by D13 in example 4.2 became clear when cultural conventions and practices were involved in the explanation provided by him in the interview. The combination of verbal and non-verbal activities (e.g. hand movements) was an additional tool used by participants to make their messages clear; this is evident, for example, in E1's behaviour in example 4.2 and E3's comments in the interview with him about conversation 15.

Moreover, the use of an IS framework was invaluable in relating D23's use of English terms in the workplace to the social life of the workplace in example 4.7. D23 inserted a number of English words in a conversation that was in Arabic; these words and expressions are related to the workplace environment although they can be used in Arabic. Furthermore, in relating the hierarchical relationships and signalling power, it was the knowledge of context and interpersonal relations that allowed me to understand the uses of LAs by the Egyptian doctor (D2) and the Saudi employee (E3) as discussed in example 4.10. Finally, another use of IS in relating the context to participants' LAs was in those utterances governing their relationships, such as showing hierarchical relations which was not possible without the techniques provided by IS to interpret the uses of LAs. For instance, in example 4.10, D17 switches to English to signal his power and experience over D18.

3.6.5 Politeness Theory

Interpersonal relationships play an important role in most of our daily communications at least in the degree of formality of the interaction. Thus, understanding the relationships between the participants involved may help to explain language choice (Scotton & Ury, 1977). The focus of this subsection is on politeness in maintaining interpersonal relationships as it is a tool used by participants to signify and negotiate their relationships. As Kadar and Haugh (2013: 1) put it: “politeness is a key means by which humans work out and maintain interpersonal relationships”. Such use of politeness in maintaining relationships motivates research on the ways politeness behaviour differs from one context to another. Brown & Levinson (1987) state that members of a society are likely to keep a particular image of themselves, what they call “face”, which can be either positive or negative. Positive face is the desire to be acceptable and liked by others, whereas negative face is “the desire to be unimpeded in one’s actions” (Brown & Levinson, 1987: 13). Efforts to maintain face (doing ‘face work’) may entail “Face Threatening Acts” (FTAs), which are controlled by three social variables: “social distance”, the “relative power’ and the status of imposition involved in FTAs (1987: 14).

Thus, the relative power, the social distance of the participants, and the social cost of imposition will determine their attention to other participants’ positive and negative face wants (Meyerhoff, 2006: 88). According to Scollon, et al. (2012), the study of face came into existence as a result of sociolinguists’ need to understand the way interlocutors decide about their relative statuses and the language they should speak in order to use their hypotheses about these differences and the face being presented by them in conversation. The authors include the following general definition of ‘face’ as it has been defined in sociolinguistic studies: “Face is the negotiated public image, mutually granted

each other by participants in a communicative event” (ibid: 47). In order to achieve face wants, participants adopt what Yule (1996: 64) refers to as two types of politeness strategies: positive and negative politeness. Scollon, et al. (2012: 48) refer to these two strategies as “involvement” and “independence” respectively. In this way, participants are either willing to be involved with other participants and show their involvement, or they might want to maintain a degree of independence from other participants showing that they respect their autonomy. The former is related to closeness, a reason the authors refer to it as “solidarity politeness”, whereas the strategy of independence is connected to distance and participants try to be formal using formal expressions and making minimal assumptions about the needs or interests of other participants (ibid: 48).

Showing a relationship of closeness can be performed, among other things, by using his or her native language or even dialect. Such a process will comprise a balance of involvement towards the addressee, whereas the persistence in using separate languages may over-emphasise independence, which may be understood as a kind of unfriendliness (Scollon, et al., 2012: 50). In bilingual situations, this is referred to as ‘we’ code in contrast with ‘they’ code – a distinction made by Gumperz (1982) (see section 2.2.3). According to Gumperz, ‘we’ code is used to signify confidentiality and solidarity, hence, closeness.

Scollon, et al. (2012: 52) find that the relationships between participants in a conversation are dependent on two elements: the first one is an unmarked set of initial assumptions, in which the face relationships remain somehow constant unless the position of one of the participants is changed. The second element is a marked one as it causes those initial assumptions to be altered in some way. They refer to such relationships as “politeness systems”.

Language alternation is sometimes associated with power. It is an instrument utilized by bilinguals to indicate power to their interlocutors. For instance, Jorgensen (1998: 238) indicates that “There is little doubt that bilinguals by some of their code-switching do relate to difference in power and status that go beyond the particular communication situation”. Thus, LA may be a tool to negotiate power status between participants. In this connection, Scollon, et al. (2012: 52) indicate the presence of power relationships in their politeness system by +P (plus power), meaning that one of the participants has special privileges and responsibilities over the other and in this case the way they use the language might be predictable especially when linked to the social norms. In contrast to this, -P is used to indicate the absence of the power relationship among participants where there is little or no difference in the participants’ hierarchical positions. So, the relationship between participants can be designated as either +P or -P according to their hierarchical positions (regardless of whether they know each other or not).

Scollon, et al. (2012: 53-54) emphasize the difference between distance and power. Distance can also be represented by the use of +D or -D to indicate its presence or absence between participants. For example, two people may have equal ranks, so if they are close friends as well their relationship may be characterized as -P and -D. On the other hand, it will be classified as -P and +D if they are not close friends and so on. Therefore, distance depends on the position each of them occupies and the kind of relationship they have.

Following the variables provided by both Brown & Levinson and Scollon and colleagues, there are three systems in which power and distance are correlated in which both power and distance are either present or absent. The three systems are: deference politeness system (-P, +D), solidarity politeness system (-P, -D) and hierarchical politeness system (+P, +/-D).

Deference Politeness System

Under this system participants see and treat each other as equal or near equal as far as power relationships are concerned (thus: -P) but treat each other at a distance and use a kind of independence politeness strategy respecting each other's academic, social or hierarchical positions (so: +D). For example, an Arab employee may approach another Arab employee who has the same rank to replace him in a particular assignment but the latter refuses to do that.

Solidarity Politeness System

In the solidarity system of politeness, participants have mostly equal power (-P), and there is a high level of involvement strategy (-D). Thus, they feel that there is neither power difference nor distance between them. Therefore, this system is labelled -P, -D. Such a system of politeness is common among close friends who are colleagues with no significant difference in ranking.

Hierarchical Politeness System

Participants under this system are aware of the hierarchical differences that make one of them in a higher position (more power) and the other in a lower position (less power), so it is a power relationship thus +P. Distance in this system is either +D or -D because it is not a mutual one: they do not use the same face politeness strategies when interacting with each other. The more powerful participant typically uses a "downward" involvement strategy becoming more close to the less powerful participant (-D), while the latter uses an "upward" independence strategy in speaking to the +P participant, (+D) (Scollon, et al., 2012: 53-56).

To sum up, people seek to establish and maintain stable social relationships through spoken interactions in which they aim to keep certain images of

themselves. This spoken activity is constrained by three social variables: social distance, relative power and the status of imposition involved. The social relationships are achieved through politeness strategies which can be of two types: positive and negative; furthermore, Scollon et al. (2012) maintain that such strategies constitute the politeness system, which consists of three sub-systems: deference politeness system, in which power is neutralized and distance variable exists; solidarity politeness system, in which both power and distance are neutralized; and hierarchical politeness system, in which power exists and distance is negotiated.

I have used this approach in analysing interactions where the participants used LA to negotiate power and hierarchy relationships through the involvement and independence strategies (see Chapter four, section 4.4 below).

3.6.6 Accommodation Theory

Communication Accommodation Theory (CAT, henceforth), or in its original form ‘speech accommodation theory’ (SAT), was first proposed in the 1970s (West & Turner, 2010). According to CAT, speakers in an interaction adjust their talk in one way or another to their listeners. Such adjustment takes place at verbal and non-verbal levels of communication (Giles, et al., 1991). However, according to CAT, there are two accommodation processes: convergence and divergence.

Convergence

Convergence takes place when a participant changes his or her style of speaking, for example by moving from one language, dialect, accent, etc. to another in a way that assimilates that of the listener(s) (Giles, 1973). Giles (1973) contended that convergence of accent is “a strategy, consciously or unconsciously conceived” resulting in reducing the “linguistic dissimilarities” that put the speaker who

converted his speech into a more welcoming situation (Giles, 1973: 101). In other words, convergence refers to the way in which one speaker attempts to adjust his linguistic verbal or non-verbal behaviour to the other speaker. According to Giles et al. (1991: 7), it is

a strategy whereby individuals adapt to each other's communicative behaviors in terms of a wide range of linguistic-prosodic-nonverbal features including speech rate, pausal phenomena and utterance length, phonological variants, smiling, gaze, and so on.

Therefore, since the function of convergence is to reduce the differences between participants, it can be said that it is an expected (or unmarked) behaviour in most conversations (Abu-Melhim, 2014: 891).

Convergence is seen in everyday communication especially when speaking to children and people who are not fluent speakers of a second language. In such situations, the speaker modifies his speech in a way to enable the listener to understand his message. This kind of talk is referred to in language acquisition as 'foreigner talk' or 'baby talk' in the case of first language learners. Moreover, it may be used by caregivers speaking to the elderly or by doctors to get the necessary information and get the patients to follow their instructions (Giles et al., 1987).

Divergence

Divergence is the opposite side of convergence. In this process the interlocutor stresses the conversational linguistic and non-linguistic differences between themselves and the out-group members in order to accentuate such differences. Therefore, divergence is a communication strategy employed by speakers that helps them to dissociate themselves from the group that other people belong to (Giles & Powesland, 1975). In some cases interlocutors may rephrase an utterance

said by other participants in the conversation in their own speaking style, dialect, etc. (Abu-Melhim, 2014). Moreover, speakers may diverge from other speakers' style in order to direct them to change their speech as if one speaks very fast, the other may speak very slowly.

Therefore, according to CAT, speakers use two major accommodation processes to establish their interpersonal relationships, namely, convergence and divergence. The former is used to reduce the differences between the speakers in order to be closer to other speakers, whereas the latter is used to accentuate differences in order to dissociate themselves from other speakers. These two processes are frequently achieved by LA.

CAT's techniques were a tool I used in analysing the interpersonal relationships among the participants and how they used LA to accommodate themselves with the other participants especially through the use of the convergence process (see Chapter five, section 5.4 below).

3.7 Summary and Conclusions

In this chapter, I have discussed the methodological principles underpinning the project including the research questions which emerged from my observations in the field of study. I have established three questions. The first one is about the context of LA at KASH. This involves gathering information about the contexts where LA takes place including the areas in the hospital, the participants and their relationships. For this question, data was gathered through observations and audio recordings. The second question is about the functions of LA, i.e., how LA influences and impacts on communicative interactions. For this question, the main source of data was the recordings of spoken interactions in the workplace. The third question is about the reasons participants make LAs in their conversations and complements the second question by focusing on the motivations for the LAs

from the participants' perspective. The main source of data for this question was the individual interviews with some of the participants.

Finally, a number of theoretical and conceptual approaches have been considered. Conversation Analysis is commonly used in the study of language alternation and it has obvious advantages, especially in terms of the close attention paid to the linguistic features of interaction and to patterns of turn-taking. However, for the purposes of the present study it also has some limitations. In particular, it focuses exclusively on the internal structures and patterns of interactions and takes no account of external contextual factors, and it disregards participants' own understanding of their circumstances and communication, neglecting social messages, social motivations and identities of the participants. Moreover, while the markedness model has some potential benefits it is not in itself a suitable framework for this study because it does not adequately describe speakers' perceptions of their own behaviour, it does not account for variability within languages as it describes only LA from one language to another, and it assumes that LA is a conscious choice.

Following Lanza's (2008) method of selecting participants, which states that individual differences between participants must be taken into consideration, such as their respective language histories, their proficiency in the different language skills, whether they are monolingual, bilingual or multilingual, and social variables such as sex, age, education and socioeconomic status, I have concluded that the framework of Interactional Sociolinguistics is best suited for the analysis and interpretation of the data as the role of the socio-cultural context is crucial in answering my research questions. In addition, concepts from politeness theory and accommodation theory offer the means to explain how participants establish and maintain their relationships. Thus, I adopt IS as the major approach for the present study supported by politeness theory and accommodation theory.

The following two chapters, viz., chapters 4 and 5, will deal with the analysis of the recorded interactions that took place at KASH. The discussion is split into two chapters because two sets of conditioning factors emerged in the course of the analysis as the most plausible explanatory frameworks for the data. At KASH, English and Arabic are used by many of the employees for at least two reasons: the nature of this site as a medical workplace and the fact that a large number of the employees are non-Arabic speakers. Thus, LA seems to be a strategy that is often adopted when various language-related issues arise. Based on the analysis of the data, LAs seem to take place in two broad contexts. The first context is related to the daily life in the hospital and its regulations, whereas the second context is related to the participants' social and cultural backgrounds. Thus, an initial answer to research question 1 is that the contexts in which spoken interaction occurred within the hospital can be broadly subsumed into two categories: (a) institutionally determined and (b) culturally determined contexts.

In the former contextual category, the interactions are grouped into general themes that relate to the particular conditions of the medical setting, which means that participants' LAs are likely to be motivated by their working in this particular institutional environment. In other words, it is the nature of the hospital life that constrains their linguistic behaviour. In the latter contextual category, the classification of interactions into themes is based on certain cultural practices and behaviours/traditions that participants are tied to regardless of the setting or location. In other words, if these interactions took place outside the hospital, the same or similar LAs would be likely to take place. The main procedure used to allocate individual interactions to each of these two contexts was to determine analytically what appeared to motivate them and acted as a decisive factor for their use. So, if an LA is most readily explicable in terms of daily practices of hospital life, it is grouped under institutional contexts, whereas if it derives from the participants' personal and cultural background, it is classified under cultural

contexts. However, this is of course an analytical procedure; it is not the only way that such analysis can be performed and it cannot be assumed that all the interactions can be neatly allocated to one of these categories. In the following chapters I will seek to justify the approach I have adopted in order to identify the patterns used by the participants and the functions of LA in this context.

Chapter Four: Analysis I: Institutional Contexts

4.1 Introduction

In this chapter, the focus is on the interactions that are related to the institutional context. Within the hospital, the physical building, there are a number of contexts of interaction. Some of these contexts are related to the institution itself, the hospital, and some are not. The selected interactions in this chapter are related to the workplace environment; more precisely, they are related to the use of LA for technical concepts and expressions, and to questions of power and the hierarchical status of the participants. The focus is on the significance of the alternation between Arabic and English – the two common languages at KASH – and the role that each language plays. The chapter is divided into three sections according to the themes in which interactions are classified. These sections deal with the following themes: LA as a supportive element or a means of conversational repair in situations of communicative difficulty (4.2), LA as a means of handling technical concepts and expressions (4.3), and LA as a means of managing interpersonal relationships (4.4). Under the theme of communicative difficulty, I will analyse the extent to which LA plays a role in resolving such difficulties. In the second theme, I will show which language is associated with technical terms and how participants handle them to achieve understanding in clinical conversations. Finally, the relationships between participants and how they are negotiated through the use of LA is the subject matter of the third main section of this chapter; however, the analysis in this section will be restricted to the effects of power and hierarchical relationships, whereas how interpersonal accommodation is achieved among participants will be discussed in section (5.4) of Chapter 5.

4.2 LA as a Supportive Element or a Means of Conversational Repair

This emerges as a key theme in different locations with different participants, mainly doctors, nurses and administrative employees. According to Gafaranga (2007b: 168), participants' choice of language as a 'supportive element' provides an additional meaning to what has already been said or reinforces it in different ways. So, participants reproduce the original medium (the one they switched from) in order to communicate the content using the other language option (the one they switched to). In this way, they choose compromise strategies in which they communicate content and depart from the current medium, the original one. As for conversational repair, Gafaranga distinguishes between two types of repair in which LA is used: 'medium repair' and 'other-language repair'. Medium repair is used when the speaker switches to another language but instantly makes an attempt to translate what is said in the other language to the 'base language'. For example, a speaker switches from language A to B and immediately switches back to A translating what he or she said in B. Other-language repair takes place when the speaker moves to the other language, not the base language which means switching from A to B for the reason that he or she does not know a word or an expression in the original medium (the base language, A). So, in this situation, they choose the other language (B) in order to provide the missing word and fill the lexical gap. Thus, in this way, the theme 'LA as a supportive element or a means of conversational repair' is linked to participants' communicative difficulties.

In these conversations, LA is used when the speaker has a difficulty in communication with the other speaker because either one has different linguistic resources, so the solution is to change the medium of communication by alternating the language being used either from Arabic to English or vice versa.

The conversation in example 4.1 below took place in an out-patient clinic in which two participants are involved: a Pakistani doctor (D1) and a Saudi nurse (N1). D1 uses English whereas N1 prefers Arabic as he seems not to be fluent enough in English to pursue the conversation.

Example 4.1 (conversation 1)

- 1 D1 N1 this patient is having a difficulty in breathing
2 can you please check his blood pressure⁶
3 N1 what (.) pressure blood
4 D1 check (.) *ḡarḡid dam* please
[Check] the blood pressure [please].
5 N1 OK
6 N1 *ya dukṡ:r* pressure blood *murṡafis fwayyih*
Doctor, [blood pressure] is little high.
7 D1 OK then can you please also check the weight
8 N1 what *maṡaleif dukṡ:r*
[What]? Pardon me, doctor.
9 D1 I mean to say *fu:f ilwazin*
[I mean to say] check the weight.
10 N1 aha (.) OK

D1 asks N1 in line 2 to check the blood pressure of the patient and when N1 does not understand D1 as is clear in line 3, D1, in line 4, uses the Arabic expression for blood pressure */ḡarḡid dam/* as a supportive element to solve the communication problem. The use of such LA as a supportive element was fruitful as N1 did what D1 asked him for and gave the result in line 6 mixing English and Arabic words. Similarly, in line 7 D1 uses the expression ‘check the weight’ but later in line 9 he

⁶ Line number 2 is a continuation for the same turn in line 1 because the length of the turn exceeds the space of one line. Giving each line a separate number makes it easy to refer to certain expressions by indicating the line number. This practice will be followed throughout this project.

uses the Arabic equivalent */ʃu:f ilwazin/* again as a supportive element because N1 did not understand him as is evident in line 8. In line 10, N1 showed that he understood what had been said by D1.

When I asked D1 about his language preference in the hospital his answer explains the LA in this conversation. He said: “Well initially I prefer using English all the time but sometimes I need to use Arabic so I can talk to the patients. In many situations, I have difficulty dealing with Saudi nurses especially those who are a bit old” (Interview with D1). I also asked him about the situations in which he uses Arabic. He replied: “I can't say for sure but mmm I notice that some nurses find it easier to use Arabic, so I have to use Arabic in order to ease the communication and at the end to give the patient good diagnosis and medication” (ibid).

Allowing for the fact that we can't draw any strong conclusions from these introspective interviews for the reasons stated earlier (see Chapter 3, section 3), they could still provide some support for the interpretation of a particular interaction. Thus, D1's statements seem to suggest that LA is used here as a supportive element that facilitates communication.

In the literature, LA between Arabic and English functioning as a supportive element to facilitate communication has been mentioned by a number of researchers. However, the participants of the following two studies differ from the participants in the above example (4.1), particularly D1. The difference is in their linguistic backgrounds as all the participants of Abalhassan & Alshalawi (2000) and those of Khatib & Sabbah (2008) are native speakers of Arabic. Abalhassan & Alshalawi (2000) conclude in their study on LA between Arabic and English among a number of Saudi students in the USA that English is used by their participants as a means for supporting Arabic in order to smooth communication where necessary. For instance, they switch from Arabic to English when using

technical terms to bridge a gap in their Arabic vocabulary. The same is evidently the case here as D1 said in the interview “... *some nurses find it easier to use Arabic...*”.

Similar results of LA are also reported by Khatib & Sabbah (2008), where LA is used, among other things, to facilitate communication. They investigate language alternation between Arabic and English among Jordanian university students in the area of mobile text messages. They show that LA functions as a communicative strategy that eases communication by reducing language barriers (see Chapter 2, section 2.2.4 above). Thus, using LA as a communicative strategy that facilitates communication seems to be common among bilinguals not only at KASH, but also seems to be at other institutions in the Arab world.

Example 4.1 shows communication difficulty in a topic of a medical nature in which Arab and non-Arab participants are involved. Example 4.2 is similar in that it involves a Saudi and a Pakistani participant, but in this case the nature of the topic is different.

Example 4.2 is taken from a conversation that took place at the administration building which is located at the campus of the hospital. In this part of the conversation two participants are involved: one is a new Pakistani doctor (D13) who at the recording time had spent only six months at the hospital. Before that, he had worked in Singapore where English is the main language used in the medical environment. The second participant is a Saudi administrative employee (E1). Prior to the conversation, E1 was engaged with some paperwork, and then D13 approaches the office of housing where E1 is.

Example 4.2 (conversation 7)

- 1 D13 *ʔas sala:mu ʕalaykum ʔana yabʕi* apartment for family
Salaam. I need an [apartment for family].
- 2 E1 *ʔeif ʔeif tabʕi*
What? What do you want?
- 3 D13 I need one apartment for family please
- 4 E1 sorry no English please language Arabic
- 5 D13 *ʔinta la:zim* speak English
You have to [speak English].
- 6 E1 brother no English *bas ʕarabi*
[Brother. No English]. Only Arabic.
- 7 E1 *ʔinta mumkin yru:ħ* manager *ʔ:g*
You may go to the [manager], upstairs.
- 8 D13 what *ma: fi:* English *marrah*
[What]? No [English] at all.
- 9 E1 *ʔinta fi:* kingdom Saudia *la:zim ʕarabi*
You are in [the Kingdom of Saudi Arabia]. Arabic is a must.
- 10 D13 *keif ʔinta sawwi* speaking *maħ* doctors
How do you manage [speaking] with [doctors]?
- 11 D13 {calling a passing by doctor} doctor doctor doctor
- 12 can you help me please

In line 1 D13 starts the conversation in Arabic by the greeting of Islam */ʔas sala:mu ʕalaykum/* which means ‘peace be upon you’. This is a very common greeting to use when Muslim people meet whether Arab or non-Arab. Then he begins the request in Arabic by */ʔana: yabʕi/* ‘I need’, and completes the request in English. This Arabic expression is a basic phrase used by non-Arab hospital employees in interactions with Arabic-speaking staff and even by non-Arab

foreigners in KSA at the beginning stage of learning Arabic for its importance in making a request or asking about something. D13's LA between Arabic and English can be explained as a message to E1 that he does not speak Arabic well. In line 2 E1 insists on using Arabic and replies to D13's request by a question showing that he could not understand what D13 wants. Similarly, in line 3 the scene is repeated; D13 uses only English emphasizing the fact that he cannot communicate in Arabic.

In line 4 the employee (E1) explicitly states in his own limited English that he does not speak English, and he also asks the doctor to use Arabic. The persistence of E1 that D13 should speak Arabic is emphasized by his statement in line 9 that D13 is in Saudi Arabia and should therefore speak Arabic, the national language.

In line 5 onward the interaction goes into a different direction as the topic of discussion changes from finding an apartment to a language issue and what the responsibilities of each other are. Closing such discussion, E1, in line 7, makes a suggestion for D13 which is to go upstairs and meet the manager. In his suggestion, E1 uses the word /fɔ:g/ 'upstairs' and 'manager' in which case LA between Arabic and English is used to solve the problem of communication bringing it to an end. E1's switch to Arabic /fɔ:g/ is accompanied by hand movement, which appears to serve the double function of making the meaning of the word clearer and demonstrating that he is willing to make an effort at accommodation with D13. In line 10, D13 alternates between Arabic and English to help E1 understand. Moreover, the insertions of Arabic words in lines 6 and 9 by E1 is a kind of other-language repair as he tries to use English with D13 but for certain words and expressions his English is inadequate, so he switches to Arabic to fill the gap. This part of the conversation is ended by D13 when he, in lines 11 and 12, calls a passing Saudi doctor to be a translator between him and E1. D13 comments on the language situation in the hospital by saying:

When I deal with some nurses or even doctors who are used to using Arabic, they sometimes switch to Arabic uncontrollably, so I have to emphasise that I can't understand them by using English expression like pardon, mmm, excuse me, sorry. Things like that, you know.

(Interview with D13)

It might be supported from D13's interview that he uses LA as a tactic to communicate with some nurses or doctors in order to overcome communication difficulty. In this comment D13 talked about the language situation in the hospital in general, but as for his LAs in this particular interaction, he said:

I think that when I came to the office I thought that the employee speaks English, but he doesn't. So I used some few Arabic words which I know, at least I know some few words which could help me in dealing with people in such situations. (ibid)

From D13's comment on this interaction, it seems that he comes with the assumption that E1 speaks English. Although D13 starts the interaction in Arabic by saying */ʔassala:mu ʕalaykum/* and he follows that by */ʔana yabxi/* using Arabic, and then changing into English in the same turn 'apartment for my family' it seems that he comes with the idea that it is acceptable to use English when mentioning his main request. When I interviewed D13 and asked him about why he started in Arabic and then switched to English, he said: "I am a Muslim and usually we start with that when we meet. I used English then, because I prefer English because I'm so fluent in using it" (Interview with D13). On the other hand, when I interviewed E1 about his first reply which is in Arabic, he said: "I did not reply to the greeting */ʔassala:mu ʕalaykum/* because D13 surprised me using English which I cannot use properly". When I asked E1 why using English by D13 was a surprise for him, he said:

Well, we are in Saudi Arabia and everything here is in Arabic, I expect him to use Arabic, maybe because our language is weak and

English is so strong. My English is not up to the required level, so that I cannot express myself very well. (Interview with E1)

It is worth mentioning here, from E1's commentary on this interaction, that he considers using Arabic when dealing with him as a medium of communication is something taken for granted. This might also indicate that E1 has also the idea that Arabic is the language to be used in the hospital as they are in KSA. And this might be the reason that this interaction starts with a request and finishes with a negotiation of language use. Another important point mentioned in E1's commentary is that he believes that English indicates superiority and Arabic indicates inferiority as he said "our language is weak", by which he means Arabic, and then he added "English is so strong". This statement which E1 makes might indicate the reason why the interaction turned from a request into negotiating language use that E1, whose English proficiency is not up to the same standard as D13, tries to force D13 to use Arabic so that D13 cannot practise any sort of superiority because E1 is more proficient in Arabic than him.

In example 4.2, although D13 calls somebody to help him overcome the language difficulty he encountered with E1, LA as a supportive element seems to be used, by both participants, to ease the communication difficulty to some extent.

Looking at most turns in example 4.2 shows that there seems to be a communication difficulty in the hospital where on the one hand many employees including medical staff do not speak much English that enables them to communicate with non-Arabic speakers, and on the other hand, many of the non-Arabic speakers are not fluent enough in Arabic to communicate with people who do not know English (see example 4.3 below). Moreover, the following two extracts might support this observation; both of the interviewees talked about using English and Arabic at KASH.

My English is terribly bad. In line 2, I used the word “morning” because I know it since secondary school. In line 3, I didn't understand him [N11], so I confirmed on that by repeating the same thing and pointing on my watch.

(Interview with E3, referring to conversation 15)

When we use Arabic with English the communication becomes easy for Arab doctors and nurses, as you know, for some of them English is not always easy. (Interview with D33, referring to conversation 4)

In the previous interaction, example 4.2, D13 was insisting on using English with the employee (E1) but in the following interaction, example 4.3, he seems to tolerate language difficulty with N8 and thus he uses Arabic as a supportive element to continue the conversation.

In example 4.3 two participants are involved: a Pakistani doctor (D13) and a Saudi nurse (N8) who has a diploma and is 44 years old. Before working at the hospital, N8 was an employee at the Health Affairs Directorate. At the time of data collection, he had been working at the hospital for nine months. His job involves taking some information about the patients before they go the doctor. This interaction occurs during Hajj season (Muslim pilgrimage) where usually there is a shortage of nurses in the hospital as many of them are sent to Makkah (a city very close to Taif where Hajj is performed). As the number of patients coming to D13's clinic increases, D13 asks N8 to work with him instead of taking information about the patients. During this conversation, they are attending to a patient.

Example 4.3 (conversation 13)

- 1 D13 N8 can you please change the dressing here please
- 2 N8 what ?axayyir ?eif ya: duktɔ:r
[What]? Change what doctor?
- 3 D13 mumkin ?inta yxayyir iz zamma:da

- Can you change the dressing?
- 4 N8 *bas* doctor this only one *?usbu:f*
But [doctor this only one] week.
- 5 D13 *šaḥ bas la:zim ?ilyɔ:m* then change it next week
Right but it should be today [then change it next week].
- 6 N8 OK doctor *?ana basawwi* change *wbaʕdein ?inta fu:fu*
[OK doctor] I will make the [change] and then you see him.
- 7 D13 *fukran N8 ?inta marrah* helpful person *walla:hi*
Thank you N8 you are very [helpful person] I swear.
- 8 N8 no problem any service doctor

The word ‘dressing’ in example 4.3 is used by D13 in English in line 1 and in Arabic /*zamma:da*/ in line 3. Such an LA and other ones in the same example seem to be intended to be used as supportive elements in order to solve the communication difficulty that arises between the two speakers. In this interaction, there is a clear misunderstanding; that is why D13 changes the medium of communication from English to Arabic in line 3 in order to ease the job of N8. In spite of the fact that D13 switches to Arabic to ease the communication difficulty, his Arabic, being a non-native speaker, is not perfect as in line 3 he uses an incorrect conjugation of the verb. In this context, it should be /*ʔaʔayyir*/ ‘you (masc. sing.) change’ rather than /*ʔayyir*/ ‘he changes’. This technique of using one form of the verb to represent all other forms is referred to as using ‘archi-forms’ according to Dulay et al (1982: 160) in their explanations of learners’ errors. It is argued that participants switch to other languages in order to fill a lexical gap in their knowledge. This is applicable to the switches of N8 to Arabic in lines 4 and 6. N8 inserts certain Arabic words that he does not know in English in order to repair his turn by filling such lexical gaps. This repair is an example of ‘other language repair’ as proposed by Gafaranga (2000). However, this might not be the case with the switches made by D13 as they are not preceded by hesitation

or any other clues; rather they are already said in the other language. Thus, the choice of Arabic expressions in D13's turn cannot be interpreted as a strategy to solve a lexical problem on his part, but it is an attempt to make clear to N8 what he already said in English.

When I asked D13 about the phenomenon of LA in this conversation, he said: "It is clearly there is misunderstanding. Although I don't use Arabic but I'm forced to do that when I work with some nurses especially old ones" (Interview with D13).

From this excerpt by D13, who had engaged in a negotiation about language in an earlier interaction with E1 (Example 4.2), it might be inferred that Arabic is not his choice when he speaks with some nurses as he states that clearly again by the word 'forced'. In this excerpt D13 also points to a group of nurses and he calls them 'old nurses'. This group refers to those Saudi or non-Saudi nurses who completed their training studies in Arabic.

Although D13 has an authority over N8 in this interaction, it seems that D13 uses Arabic when N8 uses English. In line 7, D13 thanks N8 in Arabic although this is not D13's preferred language. So, he might use that as a compliment for N8 for using English, although English is difficult for N8 to use. D13's use of Arabic could be attributed to the low level of N8's English.

N8 knows about D13's linguistic background especially his language preference. In the interview, he said:

I used English here [in line 8] just to show the doctor that I know English and I can use it. I didn't use Arabic because I noticed that he is struggling when he uses Arabic. He thanked me in Arabic, the language I prefer. I replied to that in English, the language he prefers. (Interview with N8)

From this excerpt by N8, it seems that he knows that D13 prefers English, so he tries to use the language D13 prefers and this might lead us to the fact that N8's use of English is a strategy to show closeness to D13 who asked N8 to work with him and become close to him, a theme which will be discussed later in the final section of the next chapter (section: 5.4).

As is clear from this example, using only English causes communication problem as in line 1 when D13 stated his request in English, N8 did not understand the whole matter except the word 'change', but when D13 switched to Arabic in line 3 repeating everything he said earlier in English, N8 understood and did the required task. Thus, English is used here as a supportive element. It is evident that LA helps in resolving communication difficulty. This finding of LA function is similar to what has already been identified in the literature by Gumperz (1982) who categorizes code switching in conversations in terms of six types, including 'message qualification' in which LA is used for the explanation of what has been said (see Section 2.2.4 above).

It seems that LA as a supportive element for solving communication difficulties in KASH is not restricted to medical personnel, as the above examples have shown, but it is also used with non-medical staff as the following interaction shows through the involvement of a visitor.

In the interaction represented in Example 4.4 below, a Nigerian person (V3) comes to ask at the delivery desk if his wife has given birth or not. V3 had an appointment with a Nigerian doctor who works at the hospital but has not appeared in the interaction in this example. V3 called his friend, the Nigerian doctor, but he didn't reply as he was busy at his clinic. After 15 minutes V3 decided to talk to the staff at the delivery desk where there is a Saudi employee

(E4) and after some time another Saudi employee (E5) came and joined the conversation.

The Nigerian visitor (V3) starts the interaction using Arabic, then English. The interaction finishes when the Nigerian doctor comes and starts to chat with V3 in their common language.

Example 4.4 (conversation 47)

- 1 V3 *sala:mu ṣalaykum*
Salaam.
- 2 E4 *waṣalaykumis sala:m waraḥmatul la:hi wabaraka:tu*
Salaam.
- 3 V3 can I ask about my wife
- 4 E4 *hala* brother
Welcome [brother].
- 5 E4 *ma: fi:* speak Arabic
You cannot [Speak Arabic]?
- 6 V3 I need to talk to Dr X
- 7 E4 no English
- 8 V3 Dr X is here or not do you understand me
- 9 E4 brother number
- 10 V3 Ok just a moment this is his number
- 11 E4 OK {calling} off brother
- 12 V3 do you know where his office is
- 13 E4 what again
- 14 V3 *maktab maktab*
Office, office.
- 15 E4 how *maktab ṛana ma: yiṣraf*

- [How] office? I don't know.
- 16 V3 OK who is in charge here
- 17 E4 brother see *ha:ða mudir*
[Brother, see] this is the boss.
- 18 V3 oh cool thanks brother
{The conversation continues after 20 minutes}
- 19 E5 *ṭayyib E4 fu:f ʔiða ʃa:r ʔilha* delivery *willa ba:gi*
OK. E4 see if made [delivery] or not?
- 20 E4 *ṭayyib E5 ʔabfir* OK brother {calling}
OK E5. Don't worry. [OK brother].
- 21 E4 *fu:fi billa:h Raza ʔiða ja: mawlu:d willa ba:gi bint* girl brother
See, please, if Raza has delivered the baby or not? Girl [girl, brother].
- 22 V3 *lila:h ʔil ḥamd*
Praise be to God.

The conversation begins in */sala:mu ʃalaykum/*, the normal greeting in KSA and most of the Muslim countries as seen in line 1 by V3. E4 replies with a conventional response in line 2. In line 3, V3 asks a question in English and E4 replies by welcoming him again using the word 'brother' in line 4 and asking V3 whether he can speak Arabic using the expression 'speak Arabic' as in line 5. V3 insists on using English and asks E4 about the person he is looking for in line 6. He paraphrases his statement in line 8 for which E4 in lines 7 and 9 tries to communicate using some English words such as 'no English', 'brother' and 'number'. The reason for such LAs might be in order to overcome the communication problem with V3.

In line 12, V3 asks another question which again causes a communication difficulty for E4 who fails to understand the question in spite of V3's attempt to use LA as a supportive element in line 14. E4 asks V3 to speak to E5, who seems

to speak English; all difficulties are resolved when E5 joins the conversation in line 19. E5 speaks Arabic as he is speaking to E4 but in his first turn in line 19, he inserts the English word ‘delivery’ which might not be explained without his clarification in the interview. He said: “I know that E4 prefers Arabic but I used the word ‘delivery’ because it is more common in the hospital than the Arabic word and also it is good at the presence of V3 who does not know Arabic, you know” (Interview with E5). In accordance with what E5 said, E4’s insertion of the word ‘girl’ in line 21 might be explained in the same way, i.e. to allow V3 to understand something although E4 has already mentioned that in Arabic when he says */bint/* ‘girl’.

This kind of switching is referred to by Gumperz (1982) as a ‘message qualification’ and in a similar way by Gafaranga (2007b) as a ‘supportive element’ in which code switching is used for the elaboration of what has been said; thus, E4 explained to V3 what he has said in Arabic by inserting the word ‘girl’ at the end of his turn in line 21. In the interview with E4, the communication difficulty was clearly stated by him as he said:

For me I prefer Arabic, but sometimes other people do not understand Arabic. I face a problem with them and I don’t know what to do. I insert whatever English words I know in order to ease the situation and try to make them understood what is said in Arabic. Anyway, E5 helped me with that situation. (Interview with E4)

The communication difficulty persists through the turns of E4 and V3 in example 4.4. Both of the participants tried to insert some words from the other language: English for E4 and Arabic for V3. This might be in order to ease the communication. In spite of the difficulties they encountered in this interaction, they made some kind of communication, for instance, in line 17 E4 could successfully direct V3 to the boss which is with the help of the LA he makes. A similar function of code switching was reported by Khuwaileh (2002). The author

states that the United Arab Emirates (UAE) is a linguistic area in which, besides Arabic, Indian, Chinese, and Filipino languages are used due to the huge presence of expatriates which results in communicative problems. Thus, LA is used to overcome such problem and ease communication in the country.

In conclusion, LA is used in this particular site to facilitate communication as found in the above examples. In spite of the fact that sometimes LA fails to provide a complete understanding between the participants (for instance example 4.4) still it helps in adding some sense to what has been said by the speaker. However, the major findings of LA use in overcoming communicative difficulties in these examples are the following:

1. Communication difficulty is eased by using LA as a supportive element repeating what has been said using a different language (examples 4.1 and 4.3). It is to some extent similar to what has been established by Gumperz (1982) as 'message qualification'.
2. LA is used to facilitate communication by using the other language to fill some lexical gaps when participants do not know certain words in the language of the conversation (the second type of Gafaranga's (2000) repair: 'other-language repair'), so they switch to the other language to use the equivalent word filling the gap in their linguistic knowledge.

Overcoming communication difficulties is not the only function of LA at KASH; other functions are also found to be performed by LA. For instance, one language is preferred to the other for certain terms because of the way they are connected to the workplace norms, the topic of the next section.

4.3 Technical Concepts and Expressions

In the previous section participants use LA to overcome certain communication difficulties arising between participants because of differences in language fluency. However, the use of LA is not restricted to communication difficulties; it applies to other environments too. It seems that some terms are mostly used in English even if the participants are talking in Arabic. Such use of English terms and expressions is connected to the workplace environment where these terms are frequently used in English more than Arabic and employees in the hospital in general use these terms habitually with any kind of listener regardless of their linguistic background.

In the following conversation, example 4.5, the Pakistani doctor (D1) is explaining to the nurse (N14), who is Saudi, the X-ray on the screen. In this interaction, the word ‘fracture’ is repeated five times in English but appears only once in Arabic. In addition, the word ‘doctor’ never appears in Arabic in this example.

Example 4.5 (conversation 20)

- 1 D1 N14 look at this this is the fracture
- 2 N14 *ʔeif* fraction doctor
What [fraction doctor]?
- 3 D1 not fraction N14 fracture fracture *kasir*
[Not fraction N14, fracture, fracture] fracture.
- 4 N14 aha yes *fein*
[Aha, yes]. Where?
- 5 D1 It is here just behind the plate
- 6 N14 I don't *ʔu:f ʔil* fraction *ya:* doctor
[I don't] see the [fraction doctor].
- 7 D1 just turn *ʔwayyih* right *ʔinta tʔu:f ʔil* fracture

[Just turn] little to the [right], you will see the [fracture].

8 N14 *zein ʔana fu:ftu* now

OK. I can see it [now].

9 D1 *baʕdein* I will tell you about it *xala:s*

Later, [I will tell you about it] OK?

As line 2 shows, N14 does not know the word ‘fracture’ in English for which reason D1 in line 3 tries to correct the form of the word ‘fracture’ for N14 by repeating it two times in English and translating it to Arabic. N14’s linguistic choice for the same word in line 6 is English in spite of the fact that it is preceded by an Arabic expression /*fu:f ʔil*/ which includes the Arabic definite article /*ʔil*/ ‘the’ which is attached to the English word ‘fraction’. Such insistence on using this word in English can be evidence to categorize it as a technical term specified for their workplace. D1’s LAs between Arabic and English are predictable as being a non-native speaker of Arabic who just spent 5 years at KASH, thus an ‘unmarked choice’ according to Myers-Scotton (1993b). He prefers using English wherever possible as is clear from his turns in example 4.1 in the previous section.

Moreover, in the following extract from the interview with him, although it is related to communication difficulty, D1’s linguistic preference was made clear as he said “*I prefer using English all the time*”.

Well initially I prefer using English all the time but sometimes I need to use Arabic so I can talk to the patients. In many situations, I have difficulty dealing with Saudi nurses especially those who are a bit old.

(Interview with D1)

In example 4.1 one non-Arab participant is involved, D1, for which English is expected. However, the following example involves only Saudi doctors, which means that they can communicate using only Arabic; surprisingly, perhaps, English terms and expressions appear.

In example 4.6 below two Saudi doctors are involved (D14) and (D22); both were working together as colleagues in the same department. However, now D22 is the head of the department.

Example 4.6 (conversation 21)

- 1 D14 *ṭayyib da:m ṭinna fa:zyi:n ḏaḥi:n* let us discuss *ṭir* report *ḥag ṭil mari:z*
OK since we are free now, [let us discuss] the [report] of the patient.
- 2 D22 *ṭir* report *ma: fi: fay* serious
The [report] has nothing [serious].
- 3 D14 but at least we have to make a draft
- 4 D22 *ṭid* draft *mumkin nsawwi:ha* later
The [draft] can be made [later].
- 5 D14 no make it make it today

In example 4.6, the words ‘report’, ‘serious’, ‘draft’ and ‘later’ appear in English; they seem to be commonly used in English within Arabic linguistic contexts to the extent that the Arabic definite article *ṭil/* ‘the’ is attached to them as ‘*ṭir* report’ in lines 1 and 2, and ‘*ṭid* draft’ in line 4. This might suggest that words such as ‘report’ and ‘draft’ became part of everyday use. From grammatical and phonological points of view such words are dealt with as if they were Arabic ones as the affix *ṭil/* is used before them with different allomorphs to agree with the first sound of the following noun according to Arabic phonological rules.

The technique used by both participants in this interaction of attaching an Arabic morpheme to English words or vice versa is already established in the literature. For instance, Al-Enazi (2002) investigates the syntactic constraints and social functions of code switching between Arabic and English produced by Saudi children and adult bilinguals in the United States. He notes that children add the English suffixes -ing and -ed to the Arabic verb; adults, on the other hand, insert

the Arabic *al* ‘the’ to the English nouns. This is similar to the hybrid forms ‘*ʔir* report’ and ‘*ʔid* draft’ produced by D14 and D22 above. As a result, such terms are incorporated by some medical personnel into their everyday linguistic repertoire when speaking Arabic.

The occurrence of words such as ‘report’, ‘serious’, ‘draft’ and ‘later’ is not restricted to the medical context, they might be found in any other workplace. However, the following examples (4.7 and 4.8) show some workplace terms that are used only in the medical context to the extent that they appear to belong to a medical register which may not be easily understood by outsiders.

Example 4.7 below is taken from an interaction that took place in the outpatient clinic when a Syrian doctor (D23), who used to teach medical courses in Arabic at a university in Syria, comes to the office of a Saudi doctor (D4) to ask him about the reason why D4 referred a patient to him.

Example 4.7 (conversation 22)

- 1 D23 *ya: dukto:r ha:ðal patient luh ʔusbu:ʃ*
Doctor, this [patient] is here for a week.
- 2 D4 *bas ʔeif ʔid diagnosis*
But what is the [diagnosis]?
- 3 D23 *huw bigu:l ʔil ʔalam fil baṭin*
He says that the pain is in the stomach.
- 4 D4 *yaʃni maʃgu:la clear ultrasound, clear X-ray*
Is it possible? [Clear ultrasound, clear X-ray].
- 5 D23 *ʔil muʃkila ygu:l ʔil ʔa:la:m fil baṭin bas ʔir results ma: tbayyin fay*
The problem is that he says the pain is in the stomach, but the [results] do not show anything.
- 6 D4 *firaʔiyiy la:zim niʃmallu ultra sonic scan witba:n ʔil muʃkila*

In my opinion, we have to make for him [ultra sonic scan] then we will know the problem.

- 7 D23 *bas* we cannot *ʔizzaʔt ʃindu murtafiʃ* high sugar *wa kabi:r fis sin*
But [we cannot] his blood pressure is high [high sugar] and he is an aged person.

The interaction in example 4.7 shows the use of some workplace terms in English including ‘patient’, ‘diagnosis’, ‘ultrasound’, ‘results’, ‘ultra sonic scan’ and ‘high sugar’ in spite of the fact that both participants are native speakers of Arabic. Arabic only is expected to be the norm in such interactions, thus switching to English is a ‘marked choice’ in Myers-Scotton’s (1993b) terminology. However, the conversation runs in Arabic except for some words, mentioned above. When I interviewed D23, I asked him about his interaction and he said:

I’m here for so long in Saudi Arabia, but my study in Syria, you know, I mean medicine has a great impact on me, when I applied for the job in Saudi Arabia, the rules for admission stipulate that I speak English, I do but I prefer Arabic when I explain something to doctors; even with non-Arab doctors, I shift to Arabic all of a sudden; now I use Arabic with you hahaha. In this conversation, it is clear that I prefer Arabic as I shift to English just to go with the flow. In this conversation, I used some English words because they are used by everybody in this way in the hospital. (Interview with D23)

The fact that D23 mentioned about one of the rules for admission - that he has to speak English - is a norm in certain workplaces. According to D23, the situation in KASH is that English is required. However, when I asked D23 about what he means by saying “to go with the flow”, he added

Sometimes you need to work with others in a very coherent way, if you do opposite with what they do, you never feel that you are part of the team. So, the majority use English when talking about medical stuff, I think; you see in this recorded material I feel that I try to go with the flow as D4 switches to English. D4 is one of my close and

dear colleagues who knows many things about me one of which is that I used to give medicine courses in Arabic when I was in Syria. Now Syria is gone. (ibid)

D23's commentary might be used as a support to the idea that he prefers using Arabic when dealing with medical issues. Although he states his linguistic preference explicitly in the interview, D23 uses some words in English like the words 'patient', 'results' and 'high sugar'. He referred to such a technique of using English sometimes by the expression "going with the flow", which he describes as a good way to be part of the team. I was unable to interview D4 about this particular interaction, but from what D23 said about D4 that he is "a close and dear friend" of him and that he knows that D23 used to deliver his lectures in Arabic for medical students we might conclude that D4 comes with a "brought along" (Auer, 1984) assumption that D23 prefers using Arabic and that that is why D4 uses some Arabic in this interaction.

Unlike example 4.7 above, which involves participants holding the same qualification and job (two doctors), the following example involves two participants with different academic backgrounds, different jobs and different levels of fluency in English.

The interaction in example 4.8 took place in the minor injury room in which a Saudi doctor (D8) and a Saudi nurse (N16) are talking about how crowded the hospital is. N16 has been at KASH for about 2 years. D8 gives some instructions to N16 to do something for a patient.

Example 4.8 (conversation 23)

- 1 D8 *ʔil yɔ:m zaħma ʔalal ʔa:xir* too much busy
Today it is fully crowded [too much busy].
- 2 N16 *yes ma: ʃift zay kiða tuwa:l fatrat ʔit* training

- [Yes]. I have never seen anything like this throughout the period of [training].
- 3 D8 *ṭayyib ya: N16 la:zim tiṣṭi* 500mg Voltaren injection *lil mari:z fi: bed 18*
OK N16. You have to give [500mg Voltaren injection] to the patient in [bed 18].
- 4 N16 *bas ya: duktɔ:r ṣa:di* Voltaren *maṣ* antibiotics *fi: nafsil wagt*
But doctor is it OK [Voltaren] with [antibiotics] at the same time?
- 5 D8 *ṭaywah ṣa:di ma: yzur* Diclofenac with an antibiotic
Yes. It is OK. There is no harm [Diclofenac with an antibiotic].
- 6 N16 doctor *ṭaṣṭi: injection willa* tablet
[Doctor] shall I give [injection] or [tablet]?
- 7 D8 I prefer tablet *bas nabxi* urgent response *fala:zim ṭibra*
[I prefer tablet], but we need [urgent response], thus injection is a must.
- 8 D8 *law tikṣifli ṣalaz zaṣṭ witiṣmal* also *ṭil* ECG because *ṭana ṭabxi* full diagnosis
Check the blood pressure and make [also] the [ECG because] I need [full diagnosis].

In example 4.8 the participants make many LAs to English that include the use of the words ‘training’, ‘Voltaren’, ‘injection’, ‘antibiotics’, ‘Diclofenac’, ‘tablet’ and ‘urgent response’, which seem to be workplace terms and commonly appear in English rather than Arabic. In spite of the fact that these terms are medical in nature, in an interview about this interaction D8 added that it is N16’s age, above 40, that makes him switch to Arabic because Saudi nurses of this age had completed their studies in Arabic. Commenting on the conversation in example 4.8, D8 said: “Nurses above 40 according to my understanding all have diploma degree and they studied nursing or whatever their specialty is in Arabic” (Interview with D8).

For D8 the reason for his LAs might be supported from his above statement in the interview, but what about N16’s LAs? N16 uses the words ‘training’, ‘Voltaren’,

‘antibiotics’, ‘injection’ and ‘tablet’, for which the reason might be that he is following the preference of D8 or the fact that these words are common in the medical environment and normally used in English. Therefore, N16 uses such LAs as a ‘resource in the interaction’ shared by D8, as has been highlighted earlier in the literature. For instance, Gumperz (1982) focuses on the actual face-to-face communication in which linguistic variability is seen as a resource utilized by interlocutors in actual interaction, which is in fact the case with N16 in this interaction.

Moreover, for participants to use LA, it is not a condition that they must have the same linguistic or social backgrounds. Gumperz’s point of view is applicable to N16’s situation; he does not share the same linguistic background or competency with D8 but uses LA for the purpose of either going in line with D8’s way of mixing the two languages or because these words are medical terms, in nature, that should appear in English. Keeping in mind the low English fluency of N16 and the fact that D8 is a native speaker of Arabic, the second possibility - that N16 inserts these English words because they are medical terms - appears to be more logical.

Patients are usually present in the conversations either when the participants are treating them or talking about their conditions. The following conversation deviates from this norm in the sense that no patient is involved. The participants are talking about one of their colleagues, X, who had an accident and they are trying to cover his shift. Three doctors are involved: two Saudi doctors (D31) and (D32) and an Indian doctor (D33). The first half of the interaction is mostly in Arabic, except for some English words inserted by both Saudi doctors, and then the Indian doctor becomes part of the interaction as he is being requested to meet D31. The conversation is an example of how language choice is conditioned by personal relationships, but the focus here is on the presence of workplace terms

and expressions in English and how participants move from Arabic to English to use these expressions.

Example 4.9 (conversation 45)

1. D31 *walla X řa:r řalei car accident řil yř:m řa ma: řanneit řinnu yda:wim bukra*
In fact X made a [car accident] today. I think he will not come tomorrow.
2. D32 *řayyib bas řil řa:n keifu*
OK, but how is he now?
3. D31 *la: řil řamdu lilla:h basiz řa:hir řindu xaliř fil kitif ka:n řawwal řindu*
4. *internal bleeding bas řil řamdu lilla:h twaggaf wiřa:r under control*
Praise be to Allah. But it seems that he has dislocation in the shoulder.
Earlier he had [internal bleeding] but, praise be to Allah, it stopped
and became [under control].
5. D32 *řil řamdu lilla:h řallah yiřfi:h wiřa:fi:h*
Praise be to Allah. May Allah give him recovery and relief.
6. D31 *řayyib bas la:zim nřu:f řay řařad yisawwi complete cover the whole day*
OK, but we have to find anyone who can make [complete cover the whole
day].
7. D32 *bukra mumkin nřu:řil waziř řil meeting room*
Tomorrow, we may see the situation in the [meeting room].
8. D31 D33, tomorrow would you please come to my office early in the morning
9. D33 why anything serious
10. D31 no no no routine meeting
11. D33 *řayyib OK gabilis signature*
OK. [OK] before the [signature].
12. D31 *la: sawwi signature bařdein tařa:l*
No. Make [signature] then come.
13. D33 *xala:ř řabřir D31*

Done. Sure D31.

In example 4.9, D31 uses Arabic while speaking to D32 with some insertions of English phrases such as ‘car accident’, ‘internal bleeding’, among others, (which might indicate that they are used for euphemistic purposes, a pattern that will be discussed in detail in Chapter 5, section 5.2). In line 8, when he speaks to D33, who is a non-native speaker of Arabic, he uses English but still switches to Arabic in between. D31’s switches to English have something in common in the sense that the words and expressions he switches to are all related to the workplace environment. Moreover, D32’s turns are all in Arabic except for one insertion he makes in line 7 where he inserts the phrase ‘meeting room’, which is the only time in this interaction he uses a workplace term. On the other hand, D33 mixes between the two languages; his first turn is in line 9 where he uses only English, following the language choice of D31, whereas in line 11 he uses Arabic but switches to English for the word ‘signature’, which is related to the workplace environment (employees sign in at the beginning of the day to prove that they attended and they do the same thing at the end of their working day).

At the end of the interaction D33 finishes by promising to meet D31 the next day, using Arabic. D33’s LAs, especially those to Arabic, and even his use of Arabic, are unexpected because D31 starts to speak to him in English on the one hand and he is a non-native speaker of Arabic on the other. Thus, this might be a way to show his linguistic skills in Arabic which is a function of code switching pointed out by Appel & Muysken (1987: 121) among other functions classified by the authors as the ‘metalinguistic’ function which is used to indicate personal linguistic skills.

To conclude, most of the LAs seen in the above examples are to some extent related to the workplace, i.e. LAs are influenced by what is happening, who is

participating in the interaction and the place where the event happened. Such an LA in these conditions is referred to as ‘situational code switching’ according to Blom & Gumperz’ (1972) dichotomy of code switching, situational versus metaphorical, in which the former is defined as having “a direct relationship between language and social situation” (1972: 424) (see Chapter 2, section 2.2.2 above). Therefore, linking an LA to the topic of conversation, the participants involved, and the norms followed in the place where the interaction happened explain the interlocutors’ language choice, a fact stressed by Scotton & Ury (1977).

Moreover, the frequency of the appearance of these terms in the interactions and the way they are used by the participants, for example adapting them to the morphological and phonological systems of Arabic by adding the Arabic definite article before them and making the required sound assimilation with these terms, is an indication that these items might be on their way to becoming loan words at least in the context of the study and among its population, especially since these terms are incorporated by some medical personnel into their everyday linguistic repertoire when speaking Arabic.

I have analysed a number of interactions in the previous sections of this chapter in order to find out more about the use of LA in this particular site, KASH. I showed that participants use LA as a supportive element for solving communication difficulties and in using technical concepts and expressions. One further important aspect of life in multilingual societies, including in the workplace, is the relationships between the members and how these are negotiated in part through the choice of, and alternation between, languages. I shall discuss such relationships at KASH in the following section.

4.4 Interpersonal Relationships in Institutional Contexts: Power and Hierarchy

Interpersonal relationships play an important role in most of our daily communications at least in the degree of formality of the interaction. Thus, understanding the relationships between the participants involved may help to explain language choice (Scotton & Ury, 1977). This section is devoted to the use of LA as a tool to reflect or determine different relationships held between the interlocutors. The focus of the section will be on the use of LA for negotiating power and hierarchy status between participants in maintaining interpersonal relationships in institutional contexts.

The focus in this section will be on the ways participants alternate between Arabic and English to show their being (im)polite in indicating their power and hierarchical relationships. Such relationships are often analysed in the framework of politeness theory. Linguistic ‘politeness’ is defined by Kadar & Hough (2013: 1) as a “key means by which humans work out and maintain interpersonal relationships”; according to Brown & Levinson (1987), politeness in this sense can be investigated in terms of three social variables: power, distance and weight of imposition.

The power variable refers to the situation when the distribution of responsibilities and privileges is not equal between the participants due to their hierarchical status, which, in turn, may influence the social distance between them. The third factor, weight of imposition, refers to the degree of the social infraction entailed by certain actions (i.e. how severe an imposition a particular action appears to represent). Brown & Levinson (1987) maintain that people, when in an interaction, are likely to seek to preserve a particular image of themselves, what they call “face”. They distinguish between two types of face: positive and negative.

‘Positive face’ refers to the speaker’s desire to be acceptable and liked by others, whereas ‘negative face’ refers to “the desire to be unimpeded in one’s actions” (1987: 13). If a speaker’s face wants are perceived to be threatened by an interlocutor’s speech behaviour, s/he may adopt a particular ‘politeness strategy’ to counteract or mitigate these “Face Threatening Acts” (FTAs) (1987: 14) (for more detailed discussion of politeness theory, see Chapter 3, section 3.6.4).

The interaction in example 4.10, took place at the outpatient clinics in the urology department. The participants are two Saudi doctors, D17 and D18; D17 has been working in the hospital for three years whereas D18 has recently graduated from university and been appointed as a doctor in the same department as D17. D18 comes to D17’s office to ask about a patient’s file while D17 is engaged in some paperwork.

Example 4.10 (conversation ٢٦)

- | | | |
|---|-----|---|
| 1 | D18 | <i>ʕindak D17 malaf</i> patient 23
Do you have [patient 23]’s file, D17? |
| 2 | D17 | <i>walla ka:nʕindi fin niʕa:m bas madri wein ra:h ʕu:f yimkin maʕ</i>
I had it in the system, but I don’t know where it has gone. Check with |
| 3 | D18 | <i>ʕayyib xala:ʕ ʕamurlak bukra ʕa:xðu</i>
It is OK. Shall I come tomorrow to take it? |
| 4 | D17 | <i>ʕiða haʕʕalt ʕir</i> report
If you get the [report] |
| 5 | D18 | <i>bas ʕindak ʕala:hiyyih tixtim ʕalei</i>
But are you authorized to seal it? |
| 6 | D17 | <i>wif fi:k nisi:t</i> I am the head here
What is wrong with you? You forgot [I am the head here]? |
| 7 | D18 | ah OK OK I see |

In example 4.10, there are several LAs from Arabic to English. The words ‘patient’ and ‘report’ are workplace terms, which have been discussed earlier in this chapter (see section 4.3 above). The conversation is mostly conducted in Arabic except for a few interesting turns. In line 6, D17 begins in Arabic but suddenly switches to English saying “I am the head here”, which can be explained as a way to remind D18 of his position in the urology department and to draw his attention to the fact that he has the power or authority to seal the report. In this way, D17 threatens D18’s negative face wants because D18 already knows about D17’s status of power, so his response ‘Ah. OK OK I see’ is to agree with D17 acknowledging his power status as a way to decrease the distance created by D17. In this connection, as evident in the literature, people do power as one aspect of creating a professional identity (for example, according to Holmes et al (1999) in their study of some New Zealand government workplaces; for more details of the study, see Chapter 2, section 2.4, above).

There is no doubt that D18 knows that D17 is the head, as is clear from D17’s turn in line 6 when he says /*nisi:t*/ ‘you forgot’, but linguistically the switch to English could be interpreted as a way to emphasize this fact and to signal the power he has. Thus, his power status is “unmarked’ in the terminology of Scollon, et al. (2012), in which they state that interlocutors establish certain “unmarked assumptions” for the kind of relationship they hold with each other as well as for the face they try to claim for themselves or that they want to give for any other interlocutor in any event in the conversation (see Chapter 3, section 3.6.4). The unmarked assumption in this example is made by D17 when he reminds D18 in line 6 about his power as being the head, claiming the kind of face he wants for himself as well as for D18. This was reinforced by D17 in the subsequent interview. When I asked him about the reason why he switched to English at this particular point D17 answered: “I used English here maybe, I don't know, but just to get the attention of D18, so he knows what I am talking about that I am the

head” (Interview with D17). Another interesting LA is made by D18 in line 7 in which he uses English to go with D17’s linguistic choice, which can be interpreted as a way of agreement with D17 about his power.

While the above example (4.10) shows power negotiation between doctors, the following example shows power and hierarchical relation between a doctor and an administrative employee.

The interaction in example 4.11 represents an instance of using LA to show power in which an Egyptian doctor (D2) and a Saudi administrative employee (E2) are the participants. D2 came to ask E2 about the transfer of a patient.

Example 4.11 (conversation 37)

- 1 D2 *ʔasala:mu ʕalaykum E2 keifij ʕuʕul maʕak*
Salaam E2 how is your work?
- 2 E2 *walla:hi tama:m*
Fine.
- 3 D2 *ʕayyib xallaʕt taʕwi:lil mari:z*
OK. Have you finished the transfer of the patient?
- 4 E2 *la: walla ba:gi*
No. still.
- 5 D2 *ʕa:rlak y:mein winta ma: xallaʕt no more delay tomorrow at most finished*
For two days you have not finished [no more delay. Tomorrow at most finished].
- 6 E2 *no ʕinfa:lla ʕil y:m*
[No], if God wills, today.
- 7 D2 *ʕiða xallaʕtu ʕirsilu ʕala: maktabi*
If you finish it, send it to my office.
- 8 E2 *OK ʕayyib ʕabfir*

[OK]. OK sure.

In the above example (4.11) D2 begins the interaction with */ʔasala:mu ʕalaykum/*, a greeting used by Muslims all over the world, then the conversation continues in Arabic until the middle of line 5 when D2 switches to English. In all their previous turns, using Arabic by participants might indicate some amount of ‘downward involvement’ on the part of D2 and a kind of ‘independence’ by E2 respecting the power status enjoyed by D2. The terms ‘involvement’ and ‘independence’, proposed by Scollon et al (2012), are similar to Brown & Levinson’s (1987) positive and negative politeness respectively (see Chapter 3, section 3.6.4).

According to Scollon, et al. (2012), participants may be willing to be involved with other participants, a kind of closeness, or they might want to maintain some degree of independence, which relates to social distance (see Chapter 3, section 3.6.4 above). In line 5, although D2 begins the turn in Arabic, he all of a sudden switches to English, showing his disapproval of the situation that E2 has not finished the work, as there seems to be no other reason for that switch; both participants are native speakers of Arabic discussing the same topic with no involvement of any third party. So, there is no change in the context, as it appears from the interaction except for the reaction of D2 to the performance of E2. Therefore, it is possible that D2 switches to English to signal his power over E2 and at the same time to alter the distance dimension from -D to +D. In the terminology of Scollon et al. (2012), the ‘+’ mark indicates the presence of the feature whereas the ‘-’ mark indicates the absence of the feature. For instance, +D and +P indicate the presence of distance and power respectively, whereas -D and -P indicate the absence of distance and power (for more details, see Chapter 3, section 3.6.4). When D2 switches to English in line 5, giving an order to E2 to finish the work, it threatens E2’s negative face wants because it is at odds with E2’s desire to have the action ‘unimpeded’ (see Meyerhoff 2006: 89).

Brown & Levinson (1987) argue that some interactional turns are naturally face threatening acts (FTAs), which means that if a participant starts one of these acts, it is impossible not to have the listener's positive or negative face wants threatened, so the speaker has to make a decision about what kind of position to adopt: essentially, whether to commit the FTA, to avoid it or to mitigate it. In line 5, D2 might be aware that his words are going to be an FTA for E2, so after criticizing him for not finishing the work, he switches to English making his directions to E2. In line 6, E2 mitigates the FTA by switching to English to acknowledge the power of D2 by following his language choice and then to Arabic promising to finish the work even earlier than directed by D2. In this way, E2's linguistic action and promise might be interpreted as a reason that motivates D2 to switch back to Arabic in line 7 being eased by the promise of E2. Therefore, in this interaction there exists a +P relationship but distance is differently negotiated. In line 5, D2 uses a +D strategy through his switch to English whereas E2 in line 6 switches to Arabic showing a -D strategy. Thus, it can be said that when a power difference exists, distance depends on how participants view one another, so it could be +D or -D depending on who speaks to whom and how.

In the above example, D2 switches to English to emphasize the hierarchical relationship to the employee (E2) signaling his power. However, this is not always the case, as the following example, 4.12, shows that Arabic is the language being switched to in order to show such a relationship.

The interaction represented in example 4.12 below took place in the corridor between two Saudi doctors who are close friends: namely, D17, who temporarily holds an administrative position in the department and has spent four years in the hospital, and D4, who also has spent four years in the hospital and hierarchically is lower than D17. D17 is going out and on his way he meets D4. The interaction

starts without greetings because they have already met some time before this interaction takes place.

Example 4.12 (conversation ٢٧)

- 1 D17 the referral of this patient is ready but I don't know
2 if I could send it now or later
- 3 D4 OK you could discuss that with him to decide
- 4 D17 *ʔanal masʔu:l ʃanil waʔiʃ hina* not him *ʃaraft*
I am responsible here [not him]. You know?
- 5 D4 *ṭayyib bas la:zim tiʃti: xabar*
OK, but you have to inform him.
- 6 D17 sure but *lamma ʔaku:n fa:zi*
[Sure, but] when I am free.
- 7 D4 *ṭayyib ṭayyib*
OK, OK
- 8 D17 take these with you if you are going to the emergency
- 9 D4 Sure. All.
- 10 D17 *ʔaʃu:ʃak baʃd ʔiʃ ʃala:*
I will see you after the prayer.
- 11 D4 *ṭayyib raḥ ʔaku:n fil maktab*
OK. I will be in the office.

What is presumed in such a context is that although power differences exist, there will be no question of distance as the two participants are close friends, thus the situation will be classified as +P and -D.

The conversation in example 4.12 shows two switches that are interesting. In this interaction, D17 seems to prefer English as the medium of communication since he initiates the conversation in that language. However, he makes some LAs

between Arabic and English as shown in lines 4 and 6. In line 4, D17 changes the language used in the previous turns; he uses Arabic, which is a result of his being angry with the other participant, D4, and to signal his power in being in a position of authority. When I asked D17 about this point he said:

I didn't mean to switch to Arabic, it is something I don't control, you know, I find myself speaking Arabic especially when I am angry. I think Arabic is more effective in this case to remind D4 with the real situation, who is responsible. (Interview with D17)

Under this switch, the distance between the two participants is increased, thus it changes into +D. Commenting on this turn, he said: "Now I switched to Arabic just to convey to the listener that I'm number 1 authority" (Interview with D17). Thus, D17's statement might provide some evidence that he switches to Arabic to show power. In the same turn D17 inserts 'not him' which can be explained as a way to emphasize the fact that he is the responsible person not the third party. Another instance of D17's style of LA is /*lamma ʔaku:n fa:zi*/ 'when I am free' in line 6 which implies his engagement in more important work, as an authority, than telling the third party about the referral of the patient.

So there are two situations here in which two different languages are used to indicate hierarchical relationships. In example 4.11 English is used to show this relationship, whereas in example 4.12 Arabic, based on the interview with D17, is used for the same purpose. The issue here is not which language or code is more powerful than the other, rather, it is why each participant switches to a code which he claims is more powerful than the code being already used. It might be concluded from the above discussion that the switch either to Arabic or English might indicate what is intended by the speaker in relation to hierarchical differences. In other words, the power remains in the switch itself, be it into Arabic or into English.

While the above two examples, 4.11 and 4.12, show that there is a possibility that both participants use the switch itself to signal power, the following example, 4.13, indicates that it is probable that a participant, D4, uses a specific code, English, to give the addressee a warning through this specific code and this happens in a number of turns, an idea supported by the participants when interviewed.

Example 4.13 is a further instance of how power is enacted through LA. The conversation took place in the break room where two Saudi nurses, (N12) and (N6), were sitting and having some coffee. The head of the department (D4) comes in and asks them why they were not in their department the day before.

Example 4.13 (conversation ٧٨)

- 1 D4 *ʔams ji:til qisim ʔuma: ka:n fi: ʔilla: mumarriz wa:ħid*
Yesterday I came to the office and there was nobody except one nurse.
- 2 N12 *walla nizilna* smoking
We went down for [smoking].
- 3 D4 *ʔayyib bas la:zim tiʃti xabar*
OK, but you should tell.
- 4 N6 *maʕaleif duktɔ:r ʔawwal marra: maffi:ha*
It is OK doctor. It is the first time.
- 5 D4 *Walla ʔaħna masʔu:li:n ʕanil marʕa ʕafa:n kiða la:zim yiku:n fi: fidda fwayyih*
any absences will be dealt with seriously no matter who he is
We are responsible about the patients; for this reason, we should be little strict. Any absences will be dealt with seriously no matter who he is].
- 6
7 N6 OK doctor we understand *la:kin ʔiʕtabirha* my mistake
[OK doctor we understand] but consider it [my mistake].
- 8 N12 *ʔa:sfi:n duktɔ:r*
We are sorry doctor.

- 9 D4 *walla ya:ʔaxi ʔara:m wala mumariʔ ka:n mawju:d la:kin baʕdein* no excuses
This is not possible. Not a single nurse was there, but later [no excuses].
- 10 N12 *ʔabfir D4*
It is done D4.

It seems that D4 is dissatisfied with the behavior of the nurses in not being in their work places. He asks them about it, informs them that it is not acceptable, reminding them of their humanitarian role and finally, in line 6, tells them what would be his reaction to such behaviour in the future. Switching to English by D4 for warning might be to emphasize seriousness and to indicate his power in the department as the head, which is immediately accepted by the nurses, as N6 in line 7 begins his turn in English to go with D4's language choice showing a kind of compliance. D4 repeats this way of showing power in line 9 as he starts the turn in Arabic but switches to English to say 'no excuses' will be accepted after this time.

When I asked D4 in the interview about the reason why he made such switches he said: "What the nurses did is something not acceptable, so I try to show them that I'm serious about that because I used to chat and say jokes to them" (Interview with D4). Therefore, according to the above short excerpt, it might be inferred that D4 indicates his +P and +D relationship with the other participants by the use of LA. He uses English to show some sort of distance (+D). More interestingly, this example might show something else, especially when looking at the turns of N6 and N12; it is noticeable that most of their turns are in Arabic, a language which is mostly used for personal and friendly talk, as stated in the interview with N6 and N12. Thus, using Arabic might indicate -D relationship whereas English is used for +D situations.

Based on the above discussion, the following concluding remarks may be highlighted:

- 1 In all examples of this section except for example 4.12, participants switch to Arabic for involvement strategies, but they switch to English for independence strategies. While the former reduces the distance between interlocutors, the latter emphasizes the distance, thus involvement results in –D, whereas independence results in +D.
- 2 Scollon and colleagues’ notion of “unmarked assumptions” established by interlocutors about the relationships with one another seems to be overridden by the use of LAs in many contexts, which changes whatever is assumed by the addressee especially about the kind of distance (see example 4.12, above).

4.5 Conclusion

This chapter has focused on the use of LA in the institutional context, so I have analysed a number of interactions in which participants showed different uses of LA between Arabic and English. First, I showed that they used LA as a supportive element for solving communication difficulties they encounter in the course of interacting with other participants. Although in certain situations LA failed to offer a complete understanding between the interlocutors, it helped in adding some sense to what had been said. However, communication difficulties were resolved through LA in two ways: by repeating what was already said, similar to what has been established by Gumperz (1982) as ‘message qualification’, and by filling a lexical gap.

Second, in the use of technical concepts and expressions, LA was found to be an effective tool especially in the use of English workplace-related terms when the principal communication language is Arabic; this can be explained in terms of Blom & Gumperz’s (1972) notion of ‘situational code switching’. Therefore,

relating such use of LA to the topic of conversation, participants and the norms followed in the place of interaction may explain the participants' choice of language, as maintained by Scotton & Ury (1977). Moreover, an interesting fact in relation to this finding is the use of the Arabic definite article before English nouns, which is a kind of adaptation to the morphological and phonological systems of Arabic.

Finally, in negotiating power and hierarchy, participants associated Arabic with involvement strategies to remove hierarchical differences whereas English was associated with independence strategies to emphasize power and hierarchical differences, so they switch to Arabic for the former and to English for the latter. Furthermore, the notion of 'unmarked assumption' about the relationships between participants (Scollon et al., 2012) was found to be overridden by the use of LAs in many contexts.

The analysis of interactions continues in the next chapter, where the themes are different as they are connected to the cultural, rather than the institutional, context.

Chapter Five: Analysis II: Cultural Contexts

5.1 Introduction

This chapter is a continuation of the analysis started in the previous chapter. In Chapter 4, the interactions were examined in relation to the institutional context; however, in this chapter the themes are related to the cultural conditions at KASH as a multicultural and multilingual site. In other words, the focus here is on how cultural assumptions and practices affect participants' language choice in the hospital.

As far as LA is concerned, cultural background plays a significant role in understanding certain switches and why people prefer one particular language over the other for certain expressions or in certain situations. For example, Auer (1998) attributed the reason that J (a participant in his study) failed to link the insertion of the German word '*Nichtraucher*' meaning 'non-smoker' in an informal conversation held in Spanish to the cultural background. It was among a group of young Spanish-German bilinguals in Hamburg; J laughed at the idea that another participant wants to leave the living room in order to smoke in the corridor, which is appropriate according to his culture. Auer argues that J's laugh indicates his inability to link the insertion of *Nichtraucher* in the Spanish conversation to the cultural background of that speaker (Auer, 1998:6-7) (for more details of the discussion of this study, see Chapter 2, section: 2.2.3 above). Furthermore, Issa (2006) investigated LA between English and Turkish by Turkish native speakers in a London workplace, Tomboys Hair Salon. Among the findings is that participants insert Turkish words in English utterances when the topic of discussion is something about the Turkish culture in order to support their views on that topic (see Chapter 2, section: 2.4.1 above). Such use of LA has already

been established by Al Ghussain (2002) in her study of the functions of code switching in Arabic and English among Arab children in the UK. She states that participants in her study switch from English to Arabic when it relates to their Islamic or Arab culture (see Chapter 2, section: 2.2.6 above).

Therefore, language and culture seem to be interrelated. In this chapter, I will analyse a number of interactions under different themes to pinpoint the relation between culture and language in the context of the study. Three major themes will be discussed under three sections, namely, avoidance of using sensitive terms in Arabic (5.2), culturally specific formulaic expressions (5.3), and interpersonal relationships (5.4). Section 5.4 is to some extent similar to section 4.4, in which I dealt with interpersonal relationships in terms of how participants use LA to establish their power and hierarchical relationships specifically within institutional contexts. However, in this chapter the focus will be on how participants use LA to establish or adjust relationships in their interactions at a more personal level through the use of convergence and divergence strategies.

5.2 Avoidance of Using Sensitive Terms in Arabic

A recurring pattern in many interactions appears to be that some participants use English rather than Arabic when talking about sensitive issues such as telling bad news to the patient or his relatives (like cancer, tumor, kidney failure) or when using medical terms which might frighten the patient like the words ‘scissor’, ‘injection’ (when dealing with children), ‘bleeding’, ‘fracture’, ‘operation’, etc. In this section, I will discuss a number of situations in which this use of language alternation to manage sensitive issues occurs.

Avoidance of using certain terms because of their sensitivity achieved through the use of another language or other terms within the same language is also referred to as ‘euphemism’. People select a soft or indirect word or expression to replace one

that is considered to be too cruel or blunt when referring to something embarrassing or unpleasant. There is considerable scope for this practice in both languages: for example, in English the use of ‘sleep with’ instead of ‘have sexual intercourse with’, ‘departed’ for ‘dead’ and ‘relieve oneself’ instead of ‘urinate’. Similarly, in Arabic the expression */ʔalla yirḥamu/* ‘may Allah have mercy on him’ is used instead of saying */ma:t/* ‘died’.

The following interactions represented in examples 5.1 to 5.8 demonstrate the use of LA for this particular function, but they differ in their contexts, such as the type of topic being discussed (for example: formal or informal, medical or non-medical) and the participants involved.

For instance, in example 5.1 the two participants - a Sudanese doctor (D20) and a Saudi nurse (N15) - are treating a minor emergency case. D20 starts the conversation while looking at some files on the counter desk while N15 is attending to the patient. N15 uses LA two times in spite of the fact that D20 does not use any LAs.

Example 5.1 (conversation 16)

- | | | |
|---|-----|--|
| 1 | D20 | N15 has the bleeding stopped |
| 2 | N15 | <i>la: walla ma: za:l fi:</i> bleeding
No. Still there is [bleeding]. |
| 3 | D20 | is it still too much |
| 4 | N15 | <i>walla ya:duktɔ:r ba:gi</i> bleeding
In fact doctor still [bleeding]. |
| 5 | D20 | I can understand that but has it stopped completely or not |

In the above extract, example 5.1, the word ‘bleeding’ appears only in English even when the whole utterance is otherwise in Arabic as in lines 2 and 4. Both participants, D20 and N15, emphasized in their interviews the fact that they avoid using certain words in Arabic, for one reason or another. For instance, N15 said “In lines 2 and 4, I used the word ‘bleeding’ in English because I was attending the patient, and the patient hears me” (Interview with N15). Similarly, D20 avoids using Arabic in the presence of patients as he said: “in this case I might be trying to avoid using Arabic in front the patient” (Interview with D20). He added: “so although Arabic is my mother tongue but I prefer English when dealing with emergency cases” (ibid). A further point worth mentioning here is that in line 5, although it seems that D20 does not understand N15, it is likely that D20 uses English to encourage N15 to use the same code taking into consideration that the patient is indirectly involved in the interaction by listening.

As seen from example 5.1, a patient’s presence influences the language choice of the participants when talking about certain situations that they feel are hard for the patient. The following example, 5.2, is different in the sense that there is no patient present, but a visitor (V1) is involved. In spite of the absence of the patient they are talking about, certain terms are used in English; this might be either because their Arabic equivalents are not common or to avoid telling some unpleasant news directly.

The interaction represented in example 5.2 took place in the waiting area next to the X-ray room where there are no people around except a Saudi nurse (N12) and a visitor (V1) who came to ask D21 about his brother's condition. D21 is an Indian doctor, who has been working in the hospital for more than 9 years.

Example 5.2 (conversation 17)

1 V1 *ʔeif ʃa:r fil analysis*

- What happened with the [analysis]?
- 2 D21 *huwwa kwayyis ?il ?amdu lila:h bas* X-ray and analysis
He is good. Thanks God but [X-ray and analysis].
- 3 V1 *?eif dukt?:r*
What is it, doctor?
- 4 D21 *?ayyib* the X-ray shows that he is suffering from a benign tumor
OK. [The X-ray shows that he is suffering from a benign tumor].
- 5 V1 what no understanding anything *mumkin ?arabi dukt?:r*
[What no understanding anything]. Can you use Arabic, doctor?
- 6 D21 tumour means mass of tissue
- 7 V1 nurse please help I don't understand the doctor
- 8 N12 *mumkin cancer*
May be [cancer]
- 9 D21 Tumor
- 10 V1 oh *?al ?amdu lila:h ?ala kul ?a:l*
[Oh!] Thanks God for whatever happens.
- 11 D21 *ma: fi: x?:f ?in ?a:? ?alla:h ?in ?a:? ?alla:h ma: fi:* active
No worries if God wills. If God wills, it is not [active].
- 12 V1 *ya: ?alla:h cancer ?ayyib wifil ?al dukt?:r*
Oh God! Cancer! OK, what is the solution doctor?
- 13 D21 *?i?na la:zim sawwi* analysis and X-ray again to make sure *?innu* tumour
We have to make [analysis and X-ray again to make sure] that it is [tumour].

In example 5.2, the words ‘X-ray’ and ‘analysis’ in lines 1, 2, 4 and 13 are not used in Arabic. D21 commented on that and said “I’m used to say these words in English. I think we Arab doctors do like this many times” (Interview with D21). It seems that he can speak Arabic fluently (see lines 2, 11 and 13) but he avoids using some terms in Arabic such as ‘analysis’ and ‘tumour’.

Moreover, the words ‘tumor’ in lines 4, 6, 9 and 13 and ‘cancer’ in lines 8 and 12 are used in English in spite of the fact that D21 is able to convey the message in Arabic as it might be inferred from the extract below, but he insists on English as he commented on the situation:

Although I can speak Arabic very well, in certain conditions I don't like to use such words in Arabic because they aren't commonly used in the medical community. I think I know this word [tumor] in Arabic but I assume that it is shocking. (Interview with D21)

D21 added, commenting on his use of the word ‘active’ in line 11 while the rest of the line is in Arabic, “I used Arabic as I think V1 understood what I'm saying, so just to comfort him, I used the word ‘active’ in English although I used Arabic at the beginning, this could be for the same reason as I did with the word ‘tumor’” (ibid). In addition to the above discussion, this interview with D21 might provide some support to infer that he has two reasons for not using Arabic:

1. Some terms are not commonly used in the medical environment especially in this hospital by Arabs, such as doctors and nurses (see Chapter 4, section 4.3 above).
2. Using certain terms in Arabic like the word ‘tumour’ might be shocking to the listener.

Even when outside people are not involved in the interaction, Arab doctors also sometimes avoid using certain terms in Arabic. The following interaction, example 5.3, involves only Arab doctors. It took place in the break room after midday prayer. It starts when D14 enters the break room and asks D22 about how work is going. Both are Saudi doctors and are close friends (according to D22 when interviewed).

Example 5.3 (conversation 19)

- 1 D22 *sala:mu ʃalaykum ʔeif ʃa:r fil mari:z ha:ða*
Salaam. What happened with this patient?
- 2 D14 *wallahi ʔaʒin ʃindu* kidney failure
In fact I think he has [kidney failure].
- 3 D22 *ya: ʔalla:h* that is not a good news how did you know that
Oh God! [That is not a good news. How did you know that]?
- 4 D14 *walla ʔiliʃ ʃindu* vomiting he throws up everything
In fact he has [vomiting; he throws up everything].
- 5 D22 *ʔayyib bitsawwu:nlu taħwi:l laʔy mustaffa mutaxʃiʃ*
OK. Are going to transfer him to any specialist hospital?
- 6 D14 *walla wazʃu ʃaʃb ma: ʔaʒin ʔin nsawwi:lu taħwi:l*
In fact, his situation is difficult. I don't think that we can make transfer.
- 7 D22 *ʃu:f ʔil* kidney failure
See the [kidney failure].

In example 5.3, the expression 'kidney failure' is used in English by the two participants even when the turn begins in Arabic as in lines 2 and 7.

This interaction started in Arabic when D14 and D22 are talking about personal matters; this friendly talk leads them to discuss the condition of a certain patient who is the father of one of their colleagues. D14 in line 2 answers D22's question about the patient's condition. D22's question is in Arabic like all the previous turns but when D14 answers, he uses Arabic and switches to English to say 'kidney failure' and then D22 uses Arabic and English but he uses English when describing what D14 says as 'not good news'; as a result, this leads him to ask in English saying 'how did you know that'. Then D14 starts in Arabic, in line 4, but switches to English when describing the terrible condition of the patient by saying 'vomiting, he throws up everything'. In line 5, D22 uses Arabic when talking

about transferring the patient to a specialist hospital. There is a possibility that D22 uses Arabic here because he is shifting the discussion from a clinical focus to a practical, non-medical one in which he suggests that the patient could be transferred to a specialist hospital where his condition might improve. In line 6, D14 replies to D22's suggestion that the patient's condition is difficult and he thinks that he could be transferred. D22 concludes the interaction by saying /ʃu:f ʔil/ 'see the' in Arabic and then switching to English when saying 'kidney failure'.

I interviewed both D14 and D22 about this interaction. When asked about why he uses the term 'kidney failure', D14 said: "I never used such a term in Arabic" (Interview with D14), and when I asked him why this was he said: "I don't know, there are certain words which must be said in English and everyone in the hospital must understand that" (ibid). When I asked him why he uses Arabic in certain turns in the interaction, he said:

I mix between Arabic and English involuntarily but I mmm I don't know there are situation I prefer to use English, you know such diseases which I pray to Allah to keep us away from, are hard to say to anyone, for example in Arabic, instead of saying cancer we say the evil disease, you know, they are horrible. (ibid)

It might be inferred from the above extract that D14 switches to English to avoid certain Arabic terms, thus he is talking about euphemisms, which are used to avoid sensitive words and reduce their potentially harmful effect.

When I asked D22 about this interaction and his use of 'kidney failure' in line 7, he stated that it is something not good to say in Arabic and he finds it easier to say in English. Thus, the interpretation of the interviews with both D14 and D22 might give some support to the idea that LA is used to avoid sensitive words that

describe the bad conditions of the patients. In these contexts, LA may be used to perform a euphemistic function.

The above examples show avoidance of certain Arabic terms in formal situations. However, whether the situation is a formal or informal one, LA seems to be a tool to avoid using certain terms. In example 5.4 below, two Saudi doctors, (D4) and (D9), are involved in an informal conversation. They are at the resort (a place where some medical staff hold a friendly meeting, on either a biweekly or monthly basis, to dine and have fun, they usually bring their families to this place) discussing a topic that has nothing to do with the medical context. So the setting is totally different from that of the previous ones.

Example 5.4 (conversation 55)

- 1 D4 *hala D9 weinif jaba:b ma: jaw maʕa:k*
Welcome D9. Where are the guys? Didn't they come with you?
- 2 D9 *walla jayyi:n fiṭ ṭari:g bas biji:bu:n maʕhum ʔil ba:rid*
In fact they are on the way but they are bringing the soft drinks.
- 3 D9 *tara X yiʕtiðir ʔarsalli risa:la ʕal whats*
By the way X apologizes he sent me a message on [Whats]App.
- 4 D4 *leif ʕari:ba walla ʔil yɔ:m gabaltuw ga:l ʔinnu raḥ yiji*
Why? Strange. In fact today I saw him. He said that he is coming.
- 5 D4 *yigu:l ʕindu severe diarrhea*
He says he has [severe diarrhea].
- 6 D9 *oh ʕiklha nazla maʕawiyya*
[Oh!]. It seems a stomach problem.
- 7 D4 *ṭayyib xalli:ni ʔadxul ʔasallim*
OK. Let me go inside to make greeting.
- 8 D9 *ḥayya:k ḥayya:k*
Welcome. Welcome.

The interaction in example 5.4 begins in Arabic as the participants are discussing something non-medical until line 3 when D9 inserts the word ‘whats’ which refers to the application ‘WhatsApp’ whose equivalent in informal conversations in Arabic is not common; people usually use ‘WhatsApp’ or simply ‘Whats’ to refer to it. An instance of using LA to avoid using Arabic is shown by D4 in line 5 where he starts his turn in Arabic but switches to English to say ‘severe diarrhea’. When I asked D4 in the interview about this particular LA, he said “for some words, you know, I avoid using Arabic. I feel it is more convenient to use English instead of Arabic; that is why I said ‘severe diarrhea’, also it is disgusting” (Interview with D4).

In his last sentence, D4 used the word “convenient” by which he might want to mean that English is the right choice to tell the kind of pain that their colleague, X, suffers from. Avoiding the Arabic term means avoiding the associative meaning of the word ‘diarrhea’, which he said “is disgusting”.

A higher degree of formality than that of example 5.4 is seen in example 5.5, in which the participants are involved in discussing non-medical issues such as examination board and a car accident. Four doctors are the participants: a Saudi doctor who is 30 and has been working at KASH for 3 years (D8), an Indian doctor, 56 years old, who has been working at the hospital for more than nine years and aligns himself with Arab doctors as he spent more than 30 years in the Arab world of which 15 in Saudi Arabia (D21); an Iraqi doctor who studied medicine in Syria (D43); and a Pakistani doctor who is 42 and has spent 5 years at KASH (D1). In this interaction, the participants make a lot of LAs; however, the emphasis will be on those related to avoidance where they avoid certain terms or expressions in Arabic or in English.

Example 5.5 (conversation 56)

- 1 D8 oh D21 how are you
- 2 D21 fine *lila:hil ĥamd*
[Fine]. Praise be to Allah.
- 3 D43 *keifak D21*
How are you, D21?
- 4 D21 *ʔal ĥamdu lila:h* and you
Praise be to Allah, [and you]?
- 5 D43 *tama:m lila:hil ĥamd*
Well. Praise be to Allah
- 6 D21 *fa: ʔagullak dukto:r ʔinnu ʂaʂb ʔinnak ta:xuð ʔil board ʔil biriṭa:ni ʔilla*
7 *ʔinnak thazzirlu mazbu:t*
I am saying that it is difficult to pass the British [board] unless you prepare very well, doctor.
- 8 D8 *hum ʔisawwu:n* preparation exam just in case
Do they make [preparation exam, just in case]?
- 9 D21 *walla mu: mitʔakid bas basʔallak*
In fact, I am not sure, but I will ask for you.
- 10 D8 *billa:hi ʔitʔakid ʔu fu:f*
Make sure, please and see.
- 11 D8 *ʔil yɔ:m ka:m fi:* horrible car accident *ʔu ʔarsalu* some cases here
Today there was a [horrible car accident]; they sent [some cases here].
- 12 D21 *wein ĥaʂal ʔil* accident
Where did the [accident] take place?
- 13 D8 *walla ʔazin ʔari:g ʔil hada*
I think in the Hada⁷ Road.

⁷ Hada is a place in Taif

In line 1, D8 uses English as he speaks to D21 who is a non-Arab, but D21 replies in line 2 in English and immediately switches to Arabic. In his turn in lines 6 and 7, D21 uses Arabic but inserts the word 'board' as it is normally used in English rather than Arabic, as he clarified in the interview. What D8 states in line 8 can be said in Arabic but as they are talking about the British board, he uses English which can be attributed to the topic of discussion whereas his switch to English in line 11 is meant to reduce the effect of the bad news about the accident he talks about. This also seems to be the technique of D21 in line 12 in which he uses 'accident' although the rest of the turn is in Arabic. In the interview, D21 commented on his LA by saying:

For me I like to use Arabic with those who speak or prefer to use Arabic but sometimes I find English more convenient than Arabic especially for terms such as 'board', 'accident', 'promotion' and other similar terms, you know, we also avoid using terms that bring bad news in Arabic. I feel that the English equivalents are less direct ones than the Arabic ones. (Interview with D21)

According to the above interaction, the accident they are talking about has happened to people with whom all participants have no relation or are even unknown to them on the one hand, and on the other hand all participants are doctors which means that they are supposed to be familiar with such situations of accidents and mishaps and it should not be problematic for them to discuss 'bad news' amongst themselves. Thus, using English or Arabic in this case should not make any difference. However, the reason for such LAs in which Arabic terms are avoided may be best explained by the fact that doctors, since they are familiar with these situations, habitually discuss them in English rather than Arabic as they have been working in hospitals for a long time. Furthermore, being sympathetic with other people because they are Arabs, Muslim, local, etc., D21 considered it 'bad news'; therefore he uses the English equivalent to avoid telling what he called 'bad news' directly in Arabic, and for this reason at the end of the interview he

described English terms as “less direct ones” meaning that not telling the news directly might be a kind of euphemism.

Thus, it might be established from D21’s remarks above that he uses LA for two reasons: first, he uses certain terms in English rather than Arabic because they are more commonly used than their Arabic equivalents, and secondly he avoids using Arabic terms in telling hard news to listeners because the subjects/issues are somehow sensitive.

Avoidance of certain terms is seen in academic and medical contexts as the above examples have shown. However, in discussing political issues participants also use LA to avoid using certain terms. In the following interaction in example 5.6, three participants are involved. Two are Egyptian doctors, (D3) and (D2). D3 is 33 years old and relatively new as he has been working at KASH for only three months at the time of the recording. He is used to talking in English in the hospital as can be seen from his turns in the interaction. The other participant, D2, has spent eight years at KASH and has no problem in communication in English. The third participant is a Nigerian doctor (D6) who is 44 years old. The conversation begins when D6 asks the Egyptian doctors about the political situation in Egypt. They make a lot of LA between Arabic and English in their talk.

Example 5.6 (conversation 57)

- 1 D3 yes D2 have a seat
- 2 D2 hello guys you are fine
- 3 D6 *ʔal ḥamdu lilla:*
Praise be to Allah.
- 4 D6 *keif bzu:ra fi: maṣir*
How are the children in Egypt?
- 5 D2 *walla: ʔal ḥamdu lilla: bas ʔinta ja:yif ʔil waʔiṣ kul yɔ:m fi: clashes ʔu killing*

In fact, good but the situation is, as you see, every day there are [clashes] and [killing].

- 6 D3 *walla:hi* this is not a good sign
I swear. [This is not a good sign].
- 7 D6 that is certainly what comes after any revolution
- 8 D3 *?in fa:? ?alla: fi: ?istiqrar: gari:b*
God willing there will be stability soon.
- 9 D2 *ya: rab ya: rab*
Oh Allah. Oh Allah.

The conversation in example 5.6 above begins in English as D6, who is a non-Arab doctor, is present. D6, to some extent, knows Arabic, as is clear from his turns in lines 3 and 4. D2 uses Arabic in line 5 but switches to English for the words ‘clashes’ and ‘killing’. In the interview, he said:

D3 and D6 understand Arabic but I prefer English when talking about bad news like killing or clashes as you mentioned, I feel that using English softens the sharpness of the situation. (Interview with D2)

D2’s comment on the conversation might be used to provide some support to the idea that LA is used to avoid using certain terms in Arabic because they are more sensitive when used in Arabic indicating “bad news” as he mentioned above. Moreover, his use of the expression “English softens the sharpness of the situation” does not necessarily indicate that English language softens the situation because of its structure or anything else, but it might mean: avoiding Arabic and using any other language, English in this case.

Except for example 5.2, all the previous examples in this section have shown similarities between the types of participants, i.e. all participants were doctors and nurses. In the following example (5.7) an administrative employee (E4) is

involved whose presence makes LA a common feature in the hospital that takes place among various types of people, so it is not restricted to doctors or nurses. In the following interaction, shown in example 5.7, there are three participants. One, a Syrian doctor (D7) who studied medicine in Arabic in Syria, has been working at KASH for 4 years. He approaches the information desk to ask about his wife who is expected to deliver. On the delivery information desk there is a Saudi administrative employee (E4) and a Filipino nurse (N20).

Example 5.7 (conversation 42)

1. N20 yes doctor welcome
2. D7 *fi: zawjti ſindha* delivery *ʔudaxalat ſa:rilha sabiſ sa:ſa:t bas ʔabra ʔasawwi* check
My wife has a [delivery]. She has been inside for seven hours. I want to [check].
3. N20 her name please
4. D7 Marwa Sadeq
5. N20 full name please
6. D7 Marwa Sadeq Refaai
7. N20 I don't read Arabic very well sorry @
8. D7 *yaxi mniſ ſubuħ badug ſaleihum ma: ħada birud*
Brother, since morning I am ringing and nobody replies
9. N20 it is so crowded man just calm down
10. D7 *walla yaxi ſay biṭaffiſ yaſni mniſ ſubuħ ʔukama:n ʔana kunt fɔ:g*
11. *ʔuga:lu:li raħ nittiſil fi:k wein ra:ħ mħammad*⁸
Brother, it something disappointing; since morning I was also upstairs and they told me that they will call you. Where did Mohammad go?
12. N20 he is coming do not worry

⁸ It is a tradition in KSA and even in other Gulf Countries to call a person Mohammad if you don't know his real name because it is one of the most popular names in Gulf countries.

13. D7 *ma: ħada birud*
Nobody answers?
14. N20 no answer mate
15. E4 *ʔahuh ʔahlein duktɔ:r walla ʔittaʃalt fi:hum gabl fway ʔuba:gi yaxi leif*
16. *galga:n ʔinta gult mujarrad ma: yfarrif baby raħ ʔabalrak ʔin fa:? ʔalla:h*
Here he is. Welcome doctor. I called them a while ago. Brother, why are you worried? The moment the [baby] comes, I will tell you if Allah wills.
17. D7 *yaxi ʔinta ʃa:rif la:zim ʔilwa:ħad yiglag xa:ʃa ʔinha* operation
You know brother, one should be worried especially it is [operation].
18. N20 oh operation I see now
19. D7 *ṭayyib ʔismaʃ ʔana baṭlaʃ ʔuʔawwal ma: yji:k xabar kallimni ʃal* mobile
OK. Listen, I will leave and the moment you get the news call me on the [mobile].
20. E4 *ʔabfir ʔabfir duktɔ:r ʔumaʃaleif ʔuʃḏurna*
OK. OK doctor and accept my apologies.

Example 5.7 above is a real bilingual conversation in which N20 uses English throughout his turns while D7 uses Arabic except for some insertions he does from English. For instance in line 2, he inserts the words ‘delivery’ and ‘check’, ‘operation’ in line 17, and ‘mobile’ in line 19. The interpretation of the interview with D7 might give a kind of explanation for some of these LAs, he said:

The word operation is a word I don't use in such cases, because when a pregnant delivers by operation it is hard to say in Arabic. This is why I used it in English. Another reason is because she is my wife. I want to avoid using the word ‘operation’ with my wife.”

(Interview with D7)

What seems to be a technique used by D7, as evident from his above comment, is to switch to English in order to avoid using the Arabic word for ‘operation’. Thus, what can be inferred from that is that the English word is perceived as less direct

than the Arabic one. Therefore, this kind of avoidance goes in line with euphemism discussed at the beginning of this section. It is interesting to find that participants make use of euphemism by changing the code for the purpose of not saying something directly that they feel is unpleasant. It allows participants to freely discuss taboo or offensive topics as they switch to another language. This function of LA has not been paid much attention according to the available literature. One exception is a study conducted by Abalhassan & Alshalawi (2000) focusing on the functions of code switching made by 12 Saudi students studying at universities in Pennsylvania, in which code switching is found to perform a number of functions, among which is politeness and avoidance of taboo expressions.

The use of the word ‘check’ in line 2 might be because of the context as they are in a hospital and such words are familiar in English more than Arabic. Whereas the use of the words ‘baby’ and ‘mobile’ in lines 16 and 19 by E4 and D7 respectively is common among Arabic speakers, these two words are hardly heard in Arabic even outside the hospital and among Arabic speakers themselves.

In conclusion, the examples discussed in this section suggest that LA is frequently used for avoidance due to the sensitivity of certain terms. This way of using LA seems to be a common feature in all the interactions analysed here. However, in each interaction the reason is not necessarily the same. The following are the major reasons for using LA for avoidance in my data:

1. The presence of the patient or a visitor asking about a patient’s conditions (i.e. the presence of outsiders). In such situations, participants avoid using certain terms in Arabic, such as the word ‘bleeding’ in example 5.1 and ‘tumor’ in example 5.2, as they feel that it is hard and shocking for the patient or the visitor to hear.

2. To reduce the sharpness of hard news to listeners even when no outsiders are involved, such as the situation in example 5.3, where only doctors are involved in the interaction and they use 'kidney failure' instead of its Arabic equivalent. Another example of LA serving to reduce the sharpness of the situation is the use of the word 'operation' rather than its Arabic equivalent in example 5.7.

LA for avoidance is equally used when discussing medical or non-medical issues. In example 5.4 participants are involved in a social conversation but using certain English terms to avoid their Arabic equivalents such as 'severe diarrhea'. Moreover, it is not restricted to doctors or nurses, as LA also takes place when dealing with administrative employees, for instance in example 5.7. This function of LA is a common feature with various types of participants and in different situations such as medical, political as in example 5.6, or social as in example 5.4.

Based on the above discussion, it seems that certain English words are perceived as less direct than their Arabic equivalents. Therefore, this kind of avoidance goes in line with the euphemistic use of language where a soft or indirect word or expression is used to replace another one, which is considered to be too cruel or blunt when referring to something embarrassing or unpleasant. Here, participants alternate between Arabic and English for similar euphemistic purposes.

5.3 Culturally Specific Formulaic Expressions

While the above theme shows how switching to English in a predominantly Arabic turn or conversation facilitates the avoidance of certain Arabic terms, this theme presents the converse: the use of certain Arabic terms and expressions even when the turn is in English. These expressions are culture-specific in the sense that participants like to use them in Arabic, so they appear as formulaic chunks in the interactions. In the following interactions, we will focus on turns where

participants use these formulaic expressions and the role of LA in incorporating such expressions in English-dominant conversations.

In the interaction in example 5.8, two Arab doctors are involved; they are in the clinic talking about the condition of a patient. The first participant is a Syrian doctor (D36), whereas the second is an Egyptian doctor (D37).

Example 5.8 (conversation 44)

- 1 D36 D37 you see that the one who needs dialysis is diabetic
- 2 I saw him before
- 3 D37 which one the one you dealt with yesterday
- 4 D36 @ @ how you noticed that *ma:falla ʃaleik*
[How you noticed that] Allah wills.
- 5 D37 well I saw the way he walks and had a look at his record

Although both participants are L1 Arabic-speakers, in lines 1, 2 and 3 the conversation is in English as D36 and D37 are talking about a patient's condition using medical words in English which is normal in such a context in the hospital. In line 4, D36 uses English but inserts */ma:falla ʃaleik/* which is a kind of compliment for what D37 noticed. The Arabic expression D36 uses in line 4 seems to be specific to Arabic cultures and more precisely to Islamic ones which is used to praise someone or when talking about some good characteristics of people. If this expression is translated into English, it will lose a component of its meaning as D36 mentioned in the interview. Then the conversation continues in English as they are talking about the condition of the patient. When I interviewed D36, I asked him about his LAs in this particular interaction and he said:

Yes, that is necessary sometimes, for certain terms I feel I have to use in one language for example I can say /ma:falla ʃaleik/ in English but I think it loses its meaning. (Interview with D36)

This might add a sort of support to the idea that LA is used to keep the genuineness of the meaning of certain words as they may lose some of their meaning when translated to another language. Thus, such terms are thought of as culturally specific ones.

While the above example shows the use of LA for compliments, the following two examples (5.9 and 5.10) show the use of formulaic expressions in greetings and in congratulating each other, and they are also different from the previous example in the sense that they are instances of ‘multinational’ talk, that is, the participants are from different cultural backgrounds. Both examples are taken from the same conversation. Four doctors are the participants: a Saudi doctor who is 30 and has been working at KASH for 3 years (D8); an Indian doctor who has been working at the hospital for more than nine years - he spent more than 30 years in the Arab world including 15 in Saudi Arabia (D21); an Iraqi doctor who studied medicine in Syria (D43); and a Pakistani doctor who is 42 and has spent 5 years at KASH (D1). In this interaction, the participants make a lot of LAs; however, the emphasis will be on those related to language preference where participants prefer using certain terms or expressions in Arabic.

In example 5.9 the participants’ turns involve questions about each other’s health mixing English and Arabic. However, certain LAs are significant as far as the main theme of this discussion is concerned.

Example 5.9 (conversation 56)

- 1 D8 oh D21 how are you
- 2 D21 fine *lila:hil ĥamd*
[Fine]. Praise be to Allah.
- 3 D43 *keifak D21*
How are you, D21?

- 4 D21 I am *ʔal ʔamdu lila:h* and you
[I am]. Praise be to Allah, [and you]?
- 5 D43 *tama:m lila:hil ʔamd*
Well. Praise be to Allah

D8 starts the conversation in line 1 by asking D21 how he is; he uses English because D21 is non-Arab. D21 begins his reply in English in line 2 but switches to Arabic for */lila:hil ʔamd/* ‘praise be to Allah’ and he does the same thing in line 4 when D43 asks about his health in line 3 but with some structural difference. Moreover, D43 uses the same Arabic expression in line 5 but that is not a turn-internal switch since the whole turn is in Arabic. Thus, the reason for such use might be connected to the culture and the way these expressions are used in the Saudi community where the norm is to use ritual expressions for greetings in Arabic even when the listener is non-Arab.

One more participant, D1, joins the interaction that continues in example 5.10. D1 declares the good news of D8’s promotion, so the interaction is devoted to congratulating D8 on his promotion and discussing some of the promotion’s details.

Example 5.10 (conversation 56)

- 14 D1 hello guys did you see D8 oh *ʔahlein D8 ʔalf mabru:k ʔat tarqiya*
[Hello guys. Did you see D8? Oh!] Welcome D8 congratulations for the promotion.
- 15 D8 oh the promotion *ʔalla: yba:rik fi:k*
[Oh! The promotion]. God bless you.
- 16 D43 *mabru:k D8 ma: ʔa:ʔ ʔalla: tista:hal*
Congratulations D8. Very nice. You deserve it.
- 17 D21 *mabru:k mabru:k* for the promotion I have just known *ʔalf mabru:k*

- Congratulations. Congratulations [for the promotion; I have just known].
 Congratulations.
- 18 D8 many thanks D21
- 19 D43 *ṭayyib mata*
 OK. When?
- 20 D8 right *walla:hi* two days ago I received a letter from the head
 [Right]. In fact, [two days ago I received a letter from the head].
- 21 D43 *walla kwayyis*
 It is nice, I swear.
- 22 D1 good news D21 isn't it
- 23 D21 *ma: ja:? ʔalla: ʔalf mabru:k* {saying that while leaving}
 Very nice. Congratulations.

In line 14, D1 asks about D8 using English and the moment he sees him, he welcomes him and congratulates him on his promotion using Arabic. D1 switches from English to Arabic to say /ʔahlein/ and /ʔalf mabru:k/ meaning ‘welcome’ and ‘congratulations’ respectively. D1’s language preference for these items is made clear in the interview, when he said: “Even when we use English sometimes we feel that Arabic is more effective for some words” (Interview with D1). D1’s statement might give additional evidence for that some terms have their cultural significance and are preferred to be in Arabic. In the Arabic expression /ʔalf mabru:k/, the word /ʔalf/ means one thousand and /mabru:k/ means congratulations. People add the word /ʔalf/ to strengthen the meaning of the following word and the conventional reply to any such expressions is /ʔalla: yba:rik fi:k/, which is a kind of prayer as a reward for the person who makes this wish. This is evident in this example in line 15 where D8 switches from English to Arabic for this reason.

Another example of a formulaic expression here is the word */walla:hi/* meaning ‘by Allah’, ‘in fact’, ‘I swear’ or something else depending on the context. This is also uttered by D8 in line 20 where the whole turn is in English except for this word. The reason for such an LA might be inferred from the interview with D8 who stated: “I know the English word for */walla:hi/* but I feel that the Arabic one is more expressive even when I talk in English or to a non-Arab person” (Interview with D8). Therefore, it may be established here that D8 prefers Arabic for the word */walla:hi/* because Arabic is more expressive than English in this situation. The conversation then proceeds mostly in Arabic except for the comment made by D1 in English in his turn in line 22.

Preferring Arabic for certain formulaic expressions has been seen in two different contexts so far, medical in example 5.8 and personal or friendly in examples 5.9 and 5.10. However, in the following interaction focusing around political issues, participants also use LA to keep certain expressions in their source language. In the following interaction represented in example 5.11, three participants are involved. Two are Egyptian doctors, (D3) and (D2). D3 is relatively new as he has been working at KASH for only three months at the time of the recording; D2 has spent eight years at KASH. The third participant is a Nigerian doctor (D6) who has been at KASH for 4 years. The conversation begins when D6 asks the Egyptian doctors about the current political situation in Egypt. The participants switch back and forth between Arabic and English.

Example 5.11 (conversation 57)

- 1 D3 yes D2 have a seat
- 2 D2 hello guys you are fine
- 3 D6 yes *?al hamdu lilla:*
[Yes]. Praise be to Allah.

- 4 D6 *keif bzu:ra fi: maşir*
How are the children in Egypt?
- 5 D2 *walla: ʔal ħamdu lilla: bas ʔinta ʃa:yif ʔil waziʃ kul yɔ:m fi:* clashes ʔu killing
In fact, good but the situation is, as you see, every day there are [clashes] and [killing].
- 6 D3 this is not a good sign *walla:hi*
[This is not a good sign]. I swear.
- 7 D6 that is certainly what comes after any revolution
- 8 D3 *ʔin ʃa:ʔ ʔalla: fi: ʔistiqra:r gari:b*
God willing there will be stability soon.
- 9 D2 we hope *ya: rab ya: rab*
[We hope]. Oh Allah. Oh Allah.
- 10 D6 you must make *duʃa:ʔ* every day
[You must make] supplication [every day].
- 11 D2 we all Muslims so we all should make *duʃa:ʔ*
[We all Muslims, so we all should make] supplication.
- 12 D6 *ħa:ða fi: maşjid kul yɔ:m duʃa:ʔ lamaşir*
There is a mosque that makes supplication for Egypt every day.

The conversation in example 5.11 above begins in English as D6, who is a non-Arab doctor, is present. D6, to some extent, knows Arabic, as is clear from his turns in lines 3, 4 and 12. In line 3 he begins with English ‘yes’ but right away switches to Arabic for */ʔal ħamdu lilla:/* because this expression is culturally specific as discussed in example 5.9 above. Another instance is the word */walla:hi/* in line 6 which is inserted by D3; it is also discussed earlier in example 5.10.

D2 uses Arabic in line 5 but switches to English for the words ‘clashes’ and ‘killing’, a kind of avoidance strategy which is often used due to the sensitivity of

the terms (for more details see section 5.2 above). On the other hand, in line 9 he begins with English but switches to Arabic to make his supplications */ya: rab ya: rab/* to have stability in Egypt soon. Similarly, the word */duʕa:ʔ/* ‘prayer’ is significant as it appears only in Arabic in this conversation even when the whole turn is in English as is the case of D6 and D2 in line 10 and 11 respectively. The English word ‘prayer’ could be interpreted either as supplication or as the activity of doing one of the Muslims’ five prayers of the day, thus the use of the word */duʕa:ʔ/* in Arabic rather than the English ‘prayer’ might be to refer specifically to supplication and exclude the meaning of performing one of the five prayers, as the latter has a separate term in Arabic, */ʕala:h/*.

Since the above LAs are to some extent connected to Islamic culture as participants use fixed expressions found in the Saudi community, which is also an Islamic country, it is possible to suggest that participants imply their being Muslims through using such expressions, so they switch from English to Arabic to indicate such identity.

Except for the word */mabru:k/*, meaning congratulations (in example 5.10), all of the above examples have shown the use of Arabic for words and expressions mostly related to religion. However, the following example provides an instance of LA to Arabic for a personal issue. Both participants are Saudi doctors; D22 is the head of the department. The interaction begins as D14 comes to the office of D22 to ask about his leave.

Example 5.12 (conversation 11)

- 1 D14 I think you received our request as for *?al ?ija:za*
 [I think you received our request for] the leave.
- 2 D22 well I did but we have to rearrange because there are many doctors

- 3 who applied for that
- 4 D14 true but *?ana kunt ?awwal wa:ħad*
 [True, but] I was the first one.
- 5 D22 I will check that and see who deserves first
- 6 D14 please doctor *xalli:ni fiba:lak*
 [Please] keep me in your mind.

D22's turns are exclusively in English; being the person in charge, it is possible that he wants to formalize the situation since D14 is asking about his leave and he needs something personal. Similarly, D14 uses English but he makes a few LAs. For instance, in line 1, he inserts the word */ʔal ʔija:za/* 'the leave', which might be being used to fill a lexical gap. Moreover, in line 4 he starts with English to go in line with the language of the previous turn but again switches to Arabic to make his right for 'the leave' clear as being the first one who applied for that. What is more significant in this short interaction is D14's turn in line 6, in which he starts in English and then switches to Arabic for */xalli:ni fiba:lak/* 'keep me in your mind', which is in fact a common expression in Saudi society. It is used when someone needs something from other people that cannot be done at the time of the request, i.e. they use it when there is no opportunity for something to happen so they ask the other person to give them a priority the moment the opportunity arises. So, because the language of the society is Arabic, D14 switches to Arabic to convey the exact meaning of the expression. Such kind of expression, */xalli:ni fiba:lak/* 'keep me in your mind', is also related to the personal relationships, a theme that will be discussed in more detail in section 5.4 below.

Moreover, in relation to requests, Saudi people use the expression */tikfa/* which is similar to English 'please'. With the exception of Example 5.12, all the previous examples in this section show peer-to-peer communication, that is, doctor-to-doctor communication. The next example, 5.13, is similar to the previous one in

that the two participants occupy different hierarchical positions; however, it is different in the type of the request. In the previous one the request seems to be a right for D22, whereas in the following example this does not seem to be the case. In example 5.13, both participants are Saudi doctors. D32 is responsible for assigning shifts and has been approached by D31 to change his shift.

Example 5.13 (conversation 35)

- 9 D32 We will have many patients tomorrow
- 10 D31 *wif ʔafham yaʕni*
What shall I understand?
- 11 D32 you have to be here
- 12 D31 please *tikfa* D32
[Please]. Please D32.
- 13 D32 no way *la: walla maʕaleif ʔuʕzurni*
[No way]. No I cannot. Excuse me.
- 14 D31 *ṭayyib baʕdein nitfa:ham*
OK later we will talk about it.

In line 12, D31 insists on his request by using two similar forms of request but he uses two languages. The first one, ‘please’, seems to be a kind of acknowledgement from D31 of the higher status of D32 by accommodating to his use of English but then D31 switches to Arabic in order to make his request more personal. Thus his switch from English to Arabic */tikfa/* might be significant in the sense that it has more meaning than ‘please’ as he declared in the interview “I feel that */tikfa/* has no exact meaning in English. In Arabic it has more effect that is why I said it in Arabic’ (Interview with D31).

Sometimes the person in charge wishes to be closer to the listener or visitor, as in the following interaction, using certain formulaic expressions that show sympathy

with the patient making the conditions easy which brings comfort to the patient and his relatives or visitors. In the following interaction, D21 is an Indian doctor and V1 is a Saudi visitor who has come to ask about the condition of his relative. The patient has no role in this interaction. A third participant (N12), a Saudi nurse, appears in one turn as he explained the message of D21 to V1. While all the previous examples involve doctor-to-doctor communication, the following example 5.14 is different in the sense that it includes participants with different roles: a visitor, a nurse and a doctor. (This interaction has been already used in example 5.2 above for the sensitive terms it contains, showing how participants use LA to avoid the use of such terms in a particular language.)

Example 5.14 (conversation 17)

- 6 D21 tumour means mass of tissue
- 7 V1 nurse please help I don't understand the doctor
- 8 N12 *mumkin* cancer
May be [cancer]
- 9 D21 Tumor
- 10 V1 *oh ?al ĥamdu lila:h ?ala kul ĥa:l*
[Oh!] Thanks God for whatever happens.
- 11 D21 *ma: fi: xɔ:f ?in ?a:ʔ ?alla:h ?in ?a:ʔ ?alla:h ma: fi:* active
No worries if God wills. If God wills, it is not [active].
- 12 V1 *ya: ?alla:h cancer ?ayyib wifil ĥal dukɔ:r*
Oh God! Cancer! OK, what is the solution doctor?
- 13 D21 *?iĥna la:zim sawwi* analysis and X-ray again to make sure *?innu* tumour
We have to make [analysis and X-ray again to make sure] that it is [tumour].

The visitor could not understand D21, so he asks N12 in line 7 to help, who explains the message of D21 using Arabic and English but replacing the English ‘tumor’ by ‘cancer’ as shown in line 8. In line 10, V1 starts with English ‘Oh!’ and

switches to Arabic for *ʔal ḥamdu lila:h ʕala kul ḥa:l/* ‘thank God for whatever happens’, which is a formulaic expression used by Muslims when they hear news that is somehow negative. D21 shows sympathy with V1 for what might be the case of his relative and tries to reassure V1 by saying ‘/ma: fi: xɔ:f ʔin ʕa:ʔ ʔalla:h/’ and ‘/ʔin ʕa:ʔ ʔalla:h ma: fi:/ active’ in line 11. The switch of D21 from English to Arabic is to show his wish and hope that the patient has a benign tumor so he uses Arabic formulaic expressions to calm V1’s reaction to the news. In the interview, D21 said:

Whatever the conditions of the patient are, we, medical people, try to soften the situation so we use Arabic to be closer to the patient or his relatives, moreover, some terms have to be said in Arabic in order to have their real meaning. (Interview with D21)

What might be inferred from D21’s last point is that some terms should be used in Arabic in order to convey the exact meaning. Such terms seem to be formulaic and specific to Arabic.

Formulaic expressions are switched to at the end of conversations to make sure that something will be done. For instance, in Saudi culture the word *ʔabfir/* meaning ‘it is done’ or ‘sure’ is used to assure the listener that a certain order or request will be carried out. In examples 5.15 and 5.16, it appears at the end of the interaction closing the discussion. In example 5.15, which is different from the other examples in that it is an instance of doctor-nurse communication, D4, a Saudi doctor, blames the nurses for not being at the office when he came yesterday. So N6 and N12 apologize for that, using English and Arabic.

Example 5.15 (conversation 28)

- 7 N6 OK doctor we understand *la:kin ʔiʕtabirha* my mistake
[OK doctor we understand] but consider it [my mistake].

- 8 N12 *ʔa:sfi:n duktɔ:r*
We are sorry doctor.
- 9 D4 *walla ya: ʔaxi ħara:m wala mumariʔ ka:n mawju:d la:kin baʕdein* no excuses
This is not possible. Not a single nurse was there, but later [no excuses].
- 10 N12 it will not happen again *ʔabfir* D4
[It will not happen again]. It is done D4.

In line 8, N12 apologizes for what has happened using Arabic but in line 10 he uses English and switches to Arabic for the word */ʔabfir/* to ensure D4 that his message is understood and that the mistake will not be repeated. The word */ʔabfir/* is taken from the noun */buʔfra:/* which means ‘tidings’. In standard Arabic the meaning could be negative or positive; however, in most of the colloquial dialects of Arabic, including the Saudi dialect, it is used positively. Moreover, the Saudi Ministry of Interior (MOI) has called their website */ʔabfir/* as it provides citizens and residents different e-services.

It can be argued that the English translation of the word */ʔabfir/*, as being used particularly in the Saudi context, does not convey the exact meaning, thus participants insist on using it in its real cultural context for this reason. This is comparable to what is found in other studies. For instance, Yasin (2011) studied LA between Arabic and English made by Arab students in Amman, Jordan. She found that the participants switched from Arabic to English because of the lack of equivalents of English words in Arabic. Based on the analysis of the participants’ answers to her questionnaire, she mentioned that ninety percent of them confirmed that they use a foreign word if they do not find the Arabic equivalent (Yasin, 2011: 21) (see Chapter 2, section 2.3). Similarly, Abalhassan & Alshalawi (2000) investigated LA between Arabic and English by 12 Saudi male students studying at universities in Pennsylvania in different majors, but none of them is majoring in

English. Among other findings, participants switched to English because they do not find the Arabic equivalent. However, in example 5.16, above, participants employ LA for the same purpose but the order is different; they switch from English to Arabic because of the lack of exact equivalents of some Arabic terms and expressions in English.

Another instance of closing the conversation by using a formulaic expression is found in the following two examples where participants switch to Arabic to thank other participants. However, this example (5.16) is different from the other examples in the sense it is only a visitor to doctor communication. The visitor (V3) came to KASH to ask about one of his relatives who is being admitted to KASH; he asks D25, a Sudanese doctor who was in charge at the time of the visit, about the condition of the patient.

Example 5.16 (conversation 30)

- 6 V3 please doctor is he OK
- 7 D25 *walla ya: zɔ:l mari:ẓkum kuwayyis ʔuma: fi: ʔay fay* and I will see
8 him after the injection
I swear, brother, your patient is good and has nothing [and will see him again after the injection].
- 9 V3 thank you doctor *ʔalla yaʕti:k ʔil ʕa:fiyih*
[Thank you doctor]. May God bless you.

In example 5.16, V3 asks D25 in line 6 about the condition of a patient in English, whereas D25 in line 7 replies in Arabic showing his identity (i.e. not to be confused with other non-Arab African doctors) but then switches to English following the language choice of V3 in the previous turn. V3 thanks D25 for his efforts in line 9. V3 begins with English but switches to Arabic to say *ʔalla*

yaṣṭi:k ʔil ʕa:fiyih/ ‘May God bless you’ which is common in Saudi culture, and even in some other Arab cultures, in thanking people for their good deeds.

Similarly, the extract in example 5.17 below shows similar function of LA for the use of the formulaic expression *ʔalla yaṣṭi:k ʔil ʕa:fiyih/* but the situation is different in the sense that the context is administrative and the participants are of similar hierarchical positions in the sense that both of them are doctors but one of them is responsible for distributing the night shifts. Here, D4 thanks D30 for postponing his night shift as is clear in line 13.

Example 5.17 (conversation 33)

- 10 D30 OK when can you take the night shift
11 D4 two weeks later
12 D30 OK I will keep that in mind and will update you
13 D4 thank you *D30 ʔalla yaṣṭi:k ʔil ʕa:fiyih*
[Thank you] D30. May God bless you.

In most Saudi hospitals the medical community is a multinational one. People from different Arab countries (Egypt, Jordan, Syria, the Sudan, and Tunisia, among others) are employed in different departments. When they communicate, they use some Arabic formulaic expressions that are used in the culture of their particular country. Moreover, participants sometimes use certain expressions common in the addressee’s culture.

Because Egyptian medical staff constitute the majority of non-Saudi Arab employees in the hospital, I will consider in this discussion some examples in which participants switch to Egyptian expressions. The following interactions in examples 5.18 – 5.20 involve Egyptian participants. In example 5.18, D24 and

D35 are Egyptian doctors; they are talking in Arabic about D35's departure to Egypt.

Example 5.18 (conversation 43)

11. D24 *ʔimtas safar*
When is the departure?
12. D35 *ʔurayyib fiddi ʔheilak*
Near. Take care.
13. D24 *nifʊ:fak maʕa ʔalfi sala:ma*
See you. Goodbye.
14. D35 thank you *rabbina yxalli:k*
[Thank you]. May God protect you.

In line 11, D35 thanks D24 for his question in English using 'thank you' which is common at KASH to be in English even among Arab participants, but he switches back to Arabic to add */rabbina yxalli:k/* 'May God protect you' giving more meaning to his thanks. D35's switch to Arabic might indicate that this expression is culturally specific and preferred to be used in Arabic.

More Egyptian formulaic expressions are evident in example 5.19, in which the participants are three Egyptian doctors who meet each other at the attendance signature room where employees sign when they come and leave KASH at the end of their working hours.

Example 5.19 (conversation 71)

- 1 D35 D3 is angry with you because you left the room without letting him know
- 2 D40 oh I did that I was under stress yesterday *keifak ya: brins*
[Oh, I did that! I was under stress yesterday]. How are you prince?
- 3 D3 never to talk to me I dealt with so many patients it was a tiring day

- 4 D40 OK *ħaʔʔak ʕalayya ya: ba:fa*
 [OK]. I am mistaken, boss.
- 5 D35 anyway *ħaʕal xeir*
 [Anyway]. It is OK.

There are three significant LAs to Arabic using formulaic expressions here. The first one is in line 2 where D40 begins talking to D3 who is already angry with him. D40 begins his turn in English but when speaking to D3 he switches to Arabic */keifak ya: brins/* ‘how are you prince?’ which is a form of greeting common in the Egyptian culture. The second LA is also by D40 in line 4. He apologizes to D3 for what he unintentionally did, so he switches to Arabic to show his apology using an Egyptian formulaic expression */ħaʔʔak ʕalayya ya: ba:fa/*. The word */ba:fa/* ‘boss’ is very much used by Egyptians everywhere even sometimes when non-Egyptians address Egyptians they frequently call them */ba:fa/* as will be seen in the next example. The last LA in example 5.19 is made by D35 in line 5 in which he starts in English but prefers Arabic for */ħaʕal xeir/* which is common in Arabic cultures, especially the Egyptian one. It is used to bring some event or discussion peacefully to an end.

Since all participants are Egyptians, their use of such Egyptian expressions might be a way of reminding each other that they are Egyptians belonging to the same cultural background and having a lot of things in common, and of establishing some kind of closeness, a subject matter of a later discussion (see 5.4 below). If this can be established here, their LAs to Egyptian formulaic expressions will be similar to what Blom & Gumperz (1972) call ‘metaphorical code switching’, a type of switch which is not controlled by the community norms but is used to invoke a specific relationship holding between the participants at that particular point, in this case being Egyptians (see Chapter 2, section 2.2.2 above). Similarly, Auer (1998) calls this kind of LA a ‘discourse-related insertion’, which is used to

call to mind a kind of knowledge that is outside the context such as the cultural background (for more details, see Chapter 2, section 2.2.3 above). As far as the above Egyptian interaction (example 5.19) is concerned, Auer's point of view is applicable since the main theme of the interaction has nothing to do with being Egyptian or even the Egyptian culture in general. The above interaction involves participants of the same nationality, language and even the same dialect and all are doctors, whereas the participants of the following interaction, example 5.20, have different cultural, linguistic and career backgrounds.

The extract in example 5.20 is taken from a conversation between five people: a Pakistani doctor (D1) who is 42 and spent 5 years at KASH, a Saudi nurse (N6) who is 28 with a bachelor degree and a companion of the patient (V2), who is also Saudi. The patient (P1) is from a remote village. Another participant is a Saudi doctor (D4) who is 29 years old and has been working at KASH for 4 years. This conversation occurs in the minor injury room. The extract reproduced here contains only the last few lines of the conversation in accordance with the theme under discussion in this section. Moreover, only D1, D4 and N6 appear in this extract; the other participants appear only in lines 1-25, which are omitted because they are not relevant to the topic of the use of formulaic expression. Before line 28, participants were trying to identify the type of insect that had stung P1 and what it is called in English.

Example 5.20 (conversation 54)

- 28 D1 maybe it is a wasp
29 D4 yeah yeah wasp
30 N6 *ʔaywa biḏ ẓabṭ* wasp
Yes, yes exactly [wasp].
31 N6 *xala:ṣ ʕirifna:* wasp
OK. We have known it [wasp].

- 32 D4 *tara hatta walaw ?il sting ?a:lama ?in ?il mari:z ma:y?his bi?ay tanammul*
 33 *?u ma: fi: ?ay swelling ya?ni tawarrum ?aki:d ?inha bitku:n gar?a ?a:diyyi*
 By the way, even if there is a sting, if the patient does not feel any numbness
 and there is no [swelling] that means swelling. It will be a simple sting for
 sure.
- 34 D1 *la: t?i:l ham basi:ta ?in ja:ʔ ?alla:*
 Don't worry. It is simple God willing.
- 35 D4 what do you think D1
- 36 D1 well I think his condition is stable *ma: fi: x?:f* five minutes and he will be OK
 [Well. I think his condition is stable]. No worries [five minutes and he will be OK].

In example 5.20, D4 elaborates on the case, in lines 32 and 33, telling them about the symptoms of sting and mixing some English words such as 'sting' and 'swelling' to allow D1 to be involved somehow in the conversation as he is listening to him. At the end D1 in line 36 gives his professional opinion of the case simplifying what has happened. D1 uses English in his last turn as he speaks to D4 who should understand English as a doctor working in this hospital for more than 4 years, but D1 inserts the Arabic formulaic expression */ma: fi: x?:f/* 'no worries', which is significant because it is very important for P1 and the others to understand as it summarizes the whole situation. D1 explained this point in the following extract from the interview:

Using Arabic beside English is necessary as you know people do not know much English here. So, I think certain expressions are essential in our job such as /sala:mat/ ['stay healthy'], /la: t?i:l ham/ ['don't worry'], /ma: fi: x?:f/ ['no worries']. They are more meaningful when used in Arabic in order to soften the situation; these expressions are good for patients. (Interview with D1)

In his comment on the use of some Arabic terms, D1 indicated that these terms are essential for the job because they are meaningful when used in Arabic in

connection to the Arabic culture in general as they are formulaic expressions. He adds another function of using such terms which is “to soften the situation” as he mentioned in the extract which might be relevant to euphemism and avoiding sensitive terms as discussed in section 5.2 above.

To conclude, it has been noticed that participants use LA from English to Arabic in order to use formulaic expressions which are connected to the Arabic or Islamic culture and the way they are used in the community. According to some participants, these expressions would lose their meaning when translated to another language, so they prefer to use them in Arabic. Most frequent is the Arabic expression */walla:hi/* because it is polysemous, having various meanings that depend on the context such as ‘by Allah’, ‘in fact’, ‘I swear’, etc. which is frequently used by Muslims all over the Arab World in their daily interactions and Saudi Arabia is no exception. So, participants prefer to switch to Arabic when they speak English.

The main communicative functions performed by switching to these Arabic expressions can be summarized as follows:

1. Making a compliment

Participants switch to Arabic for */ma:falla saleik/* which may otherwise lose its meaning as D36 commented on example 5.8.

2. Congratulating

Participants switch to Arabic using some expressions that are commonly used in the culture when people congratulate each other. In the above discussion (see example 5.10) the expression */ʔalf mabru:k/* ‘congratulations’ is used, and the

reply for any of the expressions is */ʔalla: yba:rik fi:k/* which is a kind of prayer as a reward for the person who made this wish.

3. Making supplications

Certain LAs are found to be related to prayers such as */ya: rab ya: rab/* ‘Oh Allah. Oh Allah’ for which participants prefer using Arabic. Another instance is the word prayer itself */duʕa:ʔ/* which appears only in Arabic in example 5.11.

4. Expressing personal issues (requests and apologies)

When making requests, participants switch to Arabic to use some expressions such as */xalli:ni fiba:lak/* ‘keep me in your mind’ (example 5.12) and */tikfa/* which is similar to English ‘please’ as in example 5.13. One example of LA to Arabic formulaic expressions for apology is used by an Egyptian participant in example 5.19 in which he switches to say */ħaʔʔak ʕalayya ya: ba:ʕa/*. ‘I am mistaken, boss.’ It is specific to the Egyptian culture.

5. Making sure that something will be done and ending the conversation

A very common formulaic expression in the Saudi culture is */ʔabʕir/* which means ‘it is done’ or ‘sure’. It is used to ensure the listener that a certain order or request will be done easily ending the interaction at the same time. Participants switch to Arabic in order to use this expression as in example 5.15. Moreover, the expression */ħaʕal xeir/* is common to Arabic culture especially the Egyptian one and is used to bring some event or discussion peacefully to an end as in example 5.19.

6. Thanking people for their good deeds

Certain expressions are used in thanking people for something good they have done. They switch to Arabic to say */ʔalla yaʕti:k ʔil ʕa:fiyih/* ‘May God bless you’ which is common in Saudi culture, and even in some other Arab cultures (see example 5.16). Another expression used for this function is */rabbina yxalli:k/* ‘May God protect you’, example 5.18.

The discussion in section 5.3 shows how participants use LA because of the culturally specific value of certain terms and expressions/ formulaic chunks. Section 5.4 shows that LA also has further functions in terms of how participants accommodate to each other in order to maintain interpersonal relationships.

5.4 Interpersonal Relationships: Accommodation

In section 4.4 above, I have demonstrated how participants use LA in maintaining and negotiating interpersonal relationships by signaling their power and hierarchical statuses as features of workplace relations. Thus, the emphasis was on the institutional context. However, in this section, the focus is on the cultural context, so the interpersonal relationships will be discussed in the framework of accommodation theory. In many instances here, power is neutral as the communication situations are of the kind ‘nurse-to-nurse’ and ‘doctor-to-doctor’, but distance is negotiated. Therefore, I will analyse a number of interactions to show how participants manage such relationships by adjusting the social distance through the use of LA within the framework of communication accommodation theory (for more details, see Chapter 3, section 3.6.5 above).

The following interaction involves only doctors who, according to their level of education, are supposed to speak English fluently, whether they are Arabs or non-Arabs. The interaction in Example 5.21 occurs between five doctors: two Saudi

doctors (D27) and (D38), an Indian doctor (D33), a Nigerian doctor (D6) and a Syrian doctor (D23). It starts in the break room where four doctors, D27, D33, D6 and D23 are chatting about some medical issues and all of a sudden D38 comes in and D27 congratulates him on his new baby.

Example 5.21 (conversation 4)

- 1 D27 welcome D38
- 2 D33 oh D38 where have you been
- 3 D6 yeah so long I have not seen him
- 4 D38 @@ welcome thanks for missing me
- 5 D23 *D38 ja:lah mawlu:d gabl ?ams* baby this is why he was busy
D38 got a baby the day before yesterday [baby this is why he was busy].
- 6 D6 oh a new baby congratulations
- 7 D33 *oh ?alf mabru:k D38*
Oh! Congratulations D38.
- 8 D38 thank you thank you *fukran duktɔ:r ?alla:h yiba:rik fi:k*
[Thank you. Thank you]. Thanks doctor. May God bless you.
- 9 D27 *mabru:k D38 yitrabba fi: ?izzak*
Congratulations D38. Will be brought up in your strength.
- 10 D38 *?alla:h yiba:rik fi:k ħabi:bi D27*
God bless you D27
- 11 D6 how do we say congratulation in Arabic
- 12 D33 *?alf mabru:k* it is good to say that in Arabic I am used to it @@
Congratulations. [It is good to say that in Arabic. I am used to it].
- 13 D6 *?alf mabru:k*
Congratulations.
- 14 D27 *yalla ya: D38* a small party *kiða*
OK D38 [a small party] is required.

- 15 D38 *ʔabfir bas xalli:na nfu:f leila muna:siba* once the doctors are free we
 16 will designate a night
 Sure, but let us see a suitable night [once the doctors are free, we will
 designate a night].
- 17 D6 OK *ʔistira:ħa @*
 [Ok]. A rest house.
- 18 D38 yeah of course a nice one not like the old one
- 19 D6 D23 is now in the meeting room OK OK OK coming
- 20 D23 *mumkin tfu:f ʔil barna:mij ða walla ħammaltu ʔumadri keif*
 21 *yiftixil ĩindak ʔay xibra*
 Can you see this programme? I downloaded it, but I don't know how it
 works. Do you have any experience?
- 22 D38 *min fein ħammaltu*
 From where did you download it?
- 23 D23 *ʔaki:d min Apple Store*
 Sure from [Apple Store].
- 24 D38 *ṭayyib dagi:ga xalli:na nfu:fu*
 OK. A minute. Let us see it.

In example 5.21 above the conversation proceeds in English from line 1 to 4. However, in line 5 D23 begins his turn in Arabic and switches to English to declare the happy news to all participants. Other doctors start to congratulate D38 on his new baby. It is normal for D6 to use English in line 6 because he is non-Arab as well as for D27 to use Arabic in line 9 because he is Saudi. However, the use of Arabic by D33 in line 7 is noteworthy. D33 is an Indian doctor who is supposed to use English, being a non-native speaker of Arabic, but it seems as a kind of accommodation with D38 in which he is using Arabic to become closer to Arab participants, which is a process of convergence in terms of accommodation theory. When I asked D33 about this particular linguistic choice he answered:

I use Arabic as much as I know to practice the language and in this case I meant it to congratulate D38 in Arabic to let D6 know the Arabic word for congratulation and moreover when we use Arabic with English the communication becomes easy for Arab doctors and nurses, as you know, for some of them English is not always easy.
(Interview with D33)

As far as LA is concerned, D38 mentioned something similar to what D33 said about the function of LA in communication. In the interview D38 said: “I use Arabic and English when non-Arab doctors are involved. I feel that it makes the conversation easy” (Interview with D38).

In line 8, D38 thanks them in English first and then in Arabic to include all participants. In line 11 D6 inquires about how to congratulate someone in Arabic for which D33 immediately answers him in line 12. D27 asks D38 for a party in line 14. He uses Arabic but inserts the phrase ‘a small party’ in between as some non-Arab participants are involved. The same technique is observed in D38’s reply in line 15 where he uses Arabic and English. Then D23 came up with a new request in line 20 changing the topic of discussion and the whole direction of the conversation and the language of communication into Arabic. However, in line 23, he inserts the phrase ‘Apple Store’ as it is commonly used in this way even by people outside the hospital.

While the above example (5.21) shows the process of convergence for accommodating D33 and D6, who are involved in the interaction from the very beginning, enabling them to participate in the conversation, the following example, 5.22, shows the accommodation of a non-Arab doctor, who is not participating in the conversation until one of the Arab doctors invites him by asking him a question.

The interaction in example 5.22 took place in the minor injury room at the end of the day where the number of patients is relatively few. Three doctors are the

participants: a Saudi doctor (D4), a Sudanese doctor (D11) and an Indian doctor (D33). The conversation concerns a permission to enter the main gate of the hospital.

Example 5.22 (conversation 8)

- 1 D4 *ʔams maʕ ʔinnu maʕi taʕri:h bas ma: samaħu:li ʔadxul maʕil bawwa:ba*
Yesterday, although I have permission, they didn't allow me to enter from
the gate.
- 2 D11 *ʔayyib ka:n fi: sticker*
OK. Was there a [sticker]?
- 3 D4 *ʔi: walla bas ka:n yigu:l walla ha:ða xa:rijid dawa:m*
Yes, but he said that this is outside the working hours.
- 4 D11 *ʕiklu ma: yiʕrafak ʔil ħa:ris*
It seems that the gate keeper does not know you.
- 5 D4 *la: liʔanni ʕayyaħt ʕalei*
No. it was because I shouted at him.
- 6 D11 *ʔayyib ʔeif ʕa:r baʕdein*
OK. What happened then?
- 7 D4 *walla rajaħt liʔanni kunt mistaʕjil* what do you think doctor
8 do you accept that {looking at D33}
I returned back because I was in hurry [what do you think doctor, do you
accept that]?
- 9 D33 I don't know what you are talking about
- 10 D4 that is why I used English we are talking about a strange situation
11 which happened yesterday the security man did not allow me to
12 access the hospital by my car
- 13 D33 oh yesterday why is that
- 14 D4 as I said he was serious but anyway I managed to get in

15 D33 that is brilliant anyway it was sorted out

In example 5.22, the topic of the conversation seems to be informal. It runs in Arabic as the two participants, D4 and D11 are native speakers of Arabic. Until line 7, D33, an Indian who may not understand Arabic, was not included in the interaction. However, keeping the same topic and looking at D33, D4 in lines 7 and 8 switches to English and asks D33 about his evaluation of the situation, so he is using a convergence strategy by which he wants to show solidarity with D33 by including him in their discussion. When I asked D4 about the reason of the switch at this particular point in the conversation and not from the beginning, he explained the situation as follows:

In fact I missed the point at the beginning of the conversation that D33 is with us, so when I remembered that he does not understand Arabic, I immediately changed to English with him. You know, it is not good to use Arabic with someone when others cannot understand it. (Interview with D4)

As is clear from D4's words in the quotation, his LA in line 7 might be considered intentional as he wants D33 to understand the thing they are talking about and maybe to include him in the interaction. In other words, LA functions as a tool to include D33 in the conversation as he does not understand Arabic. The best way is to use a language he understands so he can participate, thus there will be less distance between them. Generally, paying attention to all participants and getting them involved in the conversation is a kind of solidarity process, a strategy that D4 tries to perform in line 7 and to express in the interview.

There are no inherent features of particular languages that indicate any process of accommodation, whether convergence or divergence. Rather, it is the speakers' knowledge and attitudes towards certain languages that make the use of a particular language a form of convergence or divergence. In the above example,

for instance, English is used to indicate accommodation in achieving convergence process, whereas in example 5.23 the use of Arabic shows such a process.

The interaction in example 5.23 occurred in the break room where doctors usually sit and chat when they are free. It involves four participants: two Saudi doctors (D14) and (D17), an Egyptian doctor (D28) and an Indian doctor (D21). This example is different from the previous ones in the sense that showing closeness here seems to be for the purpose of intimacy.

Example 5.23 (conversation 34)

- 1 D17 did you see the new system about vacations
2 D21 I heard about it but I think it concerns nationals
3 D17 oh yeah but we are not happy with that we need rest
4 D14 it is a disturbing piece of news
5 D17 *walla yaxi ħara:m niħta:j ʔija:za ʔaṭwal ħinna ʔabna:ʔil balad*
I swear, brother, this is too much. We need a longer vacation; we are
citizens here.
6 D21 what is that
7 D14 disturbing he means
8 D21 oh yeah it is but *ʔana fa:him ʔeif yigu:l ʔana xala:ş Arab bas*
9 *na:giş Saudi jinsiyya*
[Oh yeah it is, but] I understand what he is saying; I am an [Arab] but I
need a [Saudi] nationality.
10 D14 *ʔinta řarabi ʔaşı:l*
You are a genuine Arab.
11 D28 it is different from what we have in Egypt

In this interaction, D17 expresses his dissatisfaction and annoyance about the new system of vacations in which the vacations are somehow short. Seeking agreement

of D14, he uses Arabic in line 5, a technique that implies closeness in which the words /yaxi/ ‘brother,’ /hinna/ ‘we’ and /ʔabna:ʔil balad/ ‘citizens’ are used. This is a convergence process performed through the use of such expressions, thus it is a solidarity strategy in which there is no distance difference. When I asked D17 about his language choice in this interaction, he said:

My language represents who I am, that is a good reason for using Arabic here. I showed who I am by using Arabic. By the way I don't do that in other situations. I mean because here it refers to us, Saudis, and our rights, I used Arabic. (Interview with D17)

D17's above statement might be used to provide some support to the idea that using Arabic in such a situation is necessary to talk about Saudis' rights in this workplace as both of them, D14 and D17 are Saudis.

In line 5 when D17, all of a sudden, switches to Arabic, D21 in line 6 asks in English seeking an explanation of what D17 is talking about. Another instance of a convergence process for solidarity can be seen in the switches to Arabic made by D21 in lines 8 and 9, in which he shows closeness to the other participants. In addition to D21's switch to Arabic, his words themselves show intimacy as he says ‘I am an Arab’. Within this switch he retains the words ‘Arab’ and ‘Saudi’ in English which can be attributed to the reason that they contain the sound /ʕ/ ‘a voiced pharyngeal fricative’ which is difficult for many non-Arabic speakers to pronounce. The LA technique to show closeness of D21 seems to be successful as being accepted by other participants; this is evident from D14's compliments in line 10 in which he says /ʔinta ʕarabi ʔaʕi:l/ ‘you are a genuine Arab’. This switch is perhaps meant to let D21, who is an Indian, feel that he is already Arab; it might be also a compliment by D14.

Switching between two languages to perform accommodation can be seen clearly from the above examples. However, a stronger technique is to use one's dialect to show the convergence process of accommodation, as in the following example.

The conversation in example 5.24 took place over the counter of a nurse workstation in the second floor where patients are admitted. Three doctors are involved: two Egyptians, (D15) and (D28), and a Sudanese doctor (D25). D15 comes to the workstation where the other doctors are standing and asks about the diagnosis of a certain patient.

Example 5.24 (conversation ٣٢)

- 1 D15 we need that diagnosis so urgently
2 D28 OK doctor but we are waiting for the file to be sent to you know to
3 a hospital in Jeddah
4 D15 which one
5 D28 I do not know I think Al Almani⁹
6 D25 we did not find that I asked in the archive room
7 D15 how come you are responsible for this doctor if you do not know
8 that is not accepted
9 D28 OK I know I know be patient
10 D25 he is angry now {referring to D28}
11 D15 no no no *da baladiyyati ʔaʕrafu* more than you do but I am the
12 responsible person here so you have to find out as soon as possible
[No, no. No] he is my hometown fellow. I know him [more than you do, but
I am the responsible person here, so you have to find out as soon as
possible].
13 D28 *ṭayyib ṭayyib*

⁹ Almani is a big hospital in Jeddah, KSA

OK, OK.

In the interaction of example 5.24, above, the medium of communication is English. However, when D28 gets angry in line 9 from the way D15 speaks to him in lines 7 and 8, D25 interjects in line 10 to soften the situation somehow but immediately D15 replies to D25 in line 11 using */baladiyyati/*, which is a very Egyptian word meaning ‘my hometown fellow’, in an attempt to signal intimacy and closeness, convergence, assuring D25 that it is no matter and he knows D28 very well as he is his hometown fellow. D15 begins his turn in line 11 in English, but switches to Arabic to say that D28 is his hometown fellow. This LA used by D15 might be to signal solidarity and perhaps a kind of unity between D15 and D28, which is a convergence kind of accommodation to reduce the distance between the speaker (D15) and D28 and even to reduce distance to a minimum. It seems to be an effective technique as it results in a positive response by D28 who says */ṭayyib ṭayyib/* ‘OK, OK’ in line 13, which seems to be a strategy to show his agreement with D15 on the fact that they are hometown fellows, which is represented by D28’s use of Arabic */ṭayyib ṭayyib/* to go in line with D15’s */baladiyyati/*. In the interview, I asked D15 about his turns in this interaction and he replied:

I don't know how I acted like this, but I'm so serious about things especially when it comes to work. The shift to Arabic here is to lessen the tension and to remove the boundaries; as I think I was so severe towards that person. The word /baladiyyati/ ‘my hometown fellow’ is a very interesting word which describes the bond between you and the one you are referring to. It means we are from the same home.

(Interview with D15)

The interpretation of LA to Arabic by D15 in line 11 might be supported by the above extract to be an intentional one, used in order to ‘lessen the tension’ as he

commented. Therefore, LA becomes a tool for showing accommodation by using an expression common in the interlocutors' dialect.

However, the following interaction in example 5.25 shows a convergence process by using an expression common in the listener's dialect but not in the speaker's. In the following short extract in example 5.25, there are two participants. The first one is a Saudi nurse (N4) and the second one is an Egyptian doctor (D3).

Example 5.25 (conversation 50)

- 9 N4 I have a lot of pending things *ya: leit baʃd bukra*
[I have a lot of pending things]. I wish it be the day after tomorrow.
- 10 D3 OK but no later than afternoon
- 11 N4 OK *ʔinta tuʔmur ya: ba:ʃa*
[OK]. It is an order, boss.

N4 requests D3 to give him one day more in order to finish the required work. N4 uses an Egyptian formulaic expression in order to be close to D3 as he declared, so translating the expression *ʔinta tuʔmur ya: ba:ʃa* 'it is an order, boss' to English would make this achievement of closeness more difficult. Therefore, N4's LA in line 11 is a kind of preference for the Egyptian expression to keep it in its actual context. This example is similar to example 5.15 in the kind of interaction occurring, doctor-to-nurse communication, but it is different in the employment of some expressions. For instance, in 5.15, N12 uses the expression *ʔabfir* assuring D4 that the mistake he made will not be repeated. This expression belongs to the culture of D4, who is Saudi, whereas in 5.25 the expression used by N4 belongs to the Egyptian culture as D3 is an Egyptian, thus the choice of such expression might be a process of convergence.

In line 9, N4 begins in English stating the problem he has with the pending work but switches to Arabic to put forward his suggestion or request to have more time to do the work. His Arabic expression is purely Saudi dialect; of importance here is the language being switched to rather than the dialect as both participants, regardless of their different nationalities, are after all Arabs and the use of Arabic makes them somehow closer to each other than using a foreign language. In line 11, N4 says ‘OK’ going in line with D3’s language choice of the previous turn but switches to Arabic. His switch this time is to the Egyptian dialect, as the expression */ʔinta tuʔmur ya: ba:ʃa/* is purely Egyptian, in order to be closer to the Egyptian doctor (D3) as a way of thanking him for granting him more time to do the required job. In the interview, N4 said “I like to use Egyptian words with Egyptian doctors. I feel I am close to them” (Interview with N4). Thus N4 switches to Arabic to use an Egyptian formulaic expression in order to be closer to D3.

N4 is trying to accommodate to D3 by using an expression that belongs to D3’s culture and may be preferred by D3 himself, and in general this is true especially when a person is living in a different country (being a foreigner); he or she switches to the language of the native people for accommodation. Kanakri & Ionescu (2010), for example, found that Romanian-speakers living in Jordan switch to Arabic to show accommodation with L1 Arabic-speakers. N4’s switch to the Egyptian expression is probably not expected by D3 since Saudi people do not use it in their daily interactions. Therefore, it is in line with the ‘marked-choice maxim’ of Myers-Scotton (1993b), which states that the linguistic choice is non-normative and unexpected by the listener(s). This is the case with N4 and D3; there is no way for D3 to expect that N4 will speak Egyptian or use some Egyptian expressions in this interaction.

Based on the above discussion, the following concluding remarks are highlighted:

1. Accommodation with other participants, according to the available data, does not depend on the use of a particular language; rather involvement leading to accommodation can be achieved by switching to either English or Arabic according to the situation and the participants. For instance, when holding a conversation with native speakers of Arabic, participants associate Arabic with convergence strategies as it reduces the distance.
2. Accommodation is achieved not only by the use of LA between Arabic and English but also by switching between dialects of Arabic where the speaker uses certain expressions from the listener's dialect in order to reduce the distance and be closer to him, as is the case with the Saudi nurse in example 5.25 who uses the expression */ʔinta tuʔmur ya: ba:ʃa/* 'it is an order, boss' while speaking to an Egyptian doctor.
3. The process of accommodation is not restricted to certain types of participants; however, in the above analyses it is seen to be particularly common in nurse-to-nurse and doctor-to-doctor communication situations in which power is neutral but distance is negotiated.

5.5 Conclusion

This chapter has continued the analysis started in Chapter 4 but it has focused more on the use of LA as conditioned by the cultural context. According to the available data, LA is found to be a useful instrument in delineating cultural differences and overcoming cultural issues arising from the use of a foreign language. For instance, LA was used by participants to avoid some Arabic terms that are considered sensitive for some of the listeners, so they switched to English as a way to carry on communication while excluding those to whom these expressions are sensitive (usually a patient or a visitor). In these cases,

participants switched to English for euphemistic purposes, as they regarded certain English words as less direct than their Arabic equivalents.

Furthermore, LA was found to be a powerful mechanism in maintaining the meaning of certain terms and expressions by using them in one particular language rather than the other, especially those which are regarded as formulaic chunks with specific cultural significance. For instance, many expressions are connected to Arabic and Islamic culture and they are best used in Arabic to maintain their original connotations. So, such use of Arabic formulaic chunks was found common in making compliments, congratulations, supplications, requests and apologies, and in assuring others that something will be done.

Finally, participants used LA to alter or qualify their relationship to other participants in the conversation and that was achieved through the convergence process of accommodation. As has been discussed above, languages in themselves do not have particular features, whether syntactic, phonological or whatever, that enable them to be used for any kind of accommodation, but it is how speakers view them in relation to their listeners. In this study, LA to Arabic was mostly used for the convergence strategy, whereas English was used in a few instances for the same purpose but with non-native speakers of Arabic (see examples: 5.21 and 5.22 above). Such language distribution might be due to the fact that most of the participants are native speakers of Arabic and the use of the L1 is mostly associated with convergence.

Chapter Six: Discussion and Conclusion

This chapter recapitulates the findings and theoretical interpretations presented in Chapters 4 and 5, based on the analysis of data collected through the three sources: observation, recordings and participants' interviews. Moreover, the results relevant to the three research questions guiding the study (see Chapter 1) are discussed in this chapter, and then the limitations of the study are discussed. The chapter ends with implications of the study for the KASH authorities and for educators, recommendations for future research and an overall conclusion.

6.1 Summary

In this thesis, I have explored the linguistic situation of King Abdulaziz Specialist Hospital (KASH) in Taif, Saudi Arabia where two languages are mainly used: Arabic and English. Arabic is an L1 for many of the employees at KASH and most of the patients, whereas English is the main language of communication for all non-speakers of Arabic in the hospital regardless of their native languages. KASH is a multilingual and multicultural site, but the situation I investigated focused on Language Alternation (LA) between these two languages. In particular, I investigated the reasons and the functions of such LAs paying attention to the role and status of participants involved, the relationships between participants, and the context.

Before starting to record interactions, I made a number of visits to KASH to make field notes through observing the everyday life at KASH in order to have a clear picture of where and when interactions take place, on what topics and between whom. Such field notes enabled me to decide on when and where to be in order to do the recordings. Following that, I started the data collection stage and recorded

65 interactions in different places in the site and conducted 38 interviews with 26 participants; however, the total number of the participants who participated in the study is 75. I recorded their comments on some of the interactions in which they were involved. Finally, using these three types of data I analysed the recorded interactions focusing on the turns where LA took place in order to find out what motivated the LAs and what functions they fulfilled. The analysis of the interactions was accomplished within the frameworks of interactional sociolinguistics, accommodation theory and politeness theory.

The main purpose of this study is to contribute to our knowledge and understanding of LA in the medical environment and specifically to the understanding of the functions and motivations for LA. In addition, the results of this study are expected to help people involved in medical environments to work more efficiently and to improve their communication skills.

6.2 Overview of the Findings

Based on the analysis of the available interactions supported by the interviews and observations I conducted which are represented in Chapter 4 and Chapter 5 above, the major findings of the study can be summarized as follows.

The use of LA among the employees of KASH was generated by two major types of factors: institutional factors and cultural factors. As far as the institutional factors are concerned, participants appeared to switch from one language to another because of conditions and/or constraints arising from the institutional setting; in other words, if such interactions are removed from their contexts, such LAs would not have taken place, so it is the context that motivates them.

One important characteristic of the interactions influenced by the institutional context is the use of LA as an instrument to attempt to resolve communication

difficulties encountered by participants who had access to both English and Arabic. In spite of the fact that in certain situations LA was not successful in providing full understanding between the participants, it was helpful in adding a kind of sense to what had been already said. However, such difficulties in communication were often resolved either by repeating what had been said in the other language or by using certain expressions from the other language to fill lexical gaps. For example, D1 in the following interaction repeats ‘blood pressure’ and ‘check the weight’ in Arabic to make N1 understand (for more discussion of this interaction see example: 4.1 above).

- 11 D1 N1 this patient is having a difficulty in breathing
 12 can you please check his blood pressure
 13 N1 what (.) pressure blood
 14 D1 check (.) *ḡarḡid dam* please
 [Check] the blood pressure [please].
 15 N1 OK
 16 N1 *ya dukṭ:r* pressure blood *murtafiṣ fwayyih*
 Doctor, [blood pressure] is little high.
 17 D1 OK then can you please also check the weight
 18 N1 what *maṣaleif dukṭ:r*
 [What]? Pardon me, doctor.
 19 D1 I mean to say *fu:f ilwazin*
 [I mean to say] check the weight.
 20 N1 aha (.) OK

Moreover, alternation between Arabic and English was helpful when it comes to the use of some technical concepts and expressions especially when the interaction is in Arabic. In such cases, participants inserted English words as they are more common than their Arabic equivalents in this site. In spite of this fact, participants sometimes used the Arabic definite article before such English items, which is a

kind of adaptation to the phonological and morphological systems of Arabic. For instance, in the following interaction (taken from example 4.7 above) the words ‘patient’, ‘diagnosis’, ‘ultrasound’, ‘X-ray’ and ‘results’ are used in English while most of the conversation is in Arabic. Moreover, see the form of the Arabic definite article /ʔal/ before the nouns ‘diagnosis’ and ‘results’ in lines 2 and 5 respectively.

- 8 D23 *ya: duktɔ:r ha:ðal patient luh ʔusbu:ʃ*
 Doctor, this [patient] is here for a week.
- 9 D4 *bas ʔeif ʔid diagnosis*
 But what is the [diagnosis]?
- 10 D23 *huw bigu:l ʔil ʔalam fil baʔin*
 He says that the pain is in the stomach.
- 11 D4 *yaʔni maʔgu:la clear ultrasound clear X-ray*
 Is it possible? [Clear ultrasound, clear X-ray].
- 12 D23 *ʔil muʃkila ygu:l ʔil ʔa:la:m fil baʔin bas ʔir results ma: tbayyin fay*

A final finding in this area is the use of LA to negotiate power and hierarchy relationships, which was analysed according to Scollon et al’s (2012) model of politeness theory. Participants shaped and reshaped their relationships by their linguistic choice; this choice depended in the first place on the language of the listener, so with native speakers of Arabic, they used Arabic to reduce an existing distance and English to increase or emphasize such distance; however, the choice was reversed when the listeners’ first language or preference was not Arabic. In the following interaction, three Saudi participants are there: two nurses (N12) and (N6) and one doctor (D4); all are native speakers of Arabic. In lines 5 and 6 started his turn in Arabic but switched to English to emphasise his power and

distance by telling the nurses what will be the consequences of their behaviour in the future (for more details, see the discussion of example 4.13 above).

- 11 D4 *ʔams ji:til qisim ʔuma: ka:n fi: ʔilla: mumarriz wa:ħid*
Yesterday I came to the office and there was nobody except one nurse.
- 12 N12 *walla nizilna* smoking
We went down for [smoking].
- 13 D4 *ṭayyib bas la:zim tiṣṭi xabar*
OK, but you should tell.
- 14 N6 *maṣaleif duktɔ:r ʔawwal marra: maffi:ha*
It is OK doctor. It is the first time.
- 15 D4 *Walla ʔaħna masʔu:li:n ṣanil marṣa ṣafa:n kiḏa la:zim yiku:n fi: fidda fwayyih*
16 any absences will be dealt with seriously no matter who he is
We are responsible about the patients; for this reason we should be little strict. [Any absences will be dealt with seriously no matter who he is].
- 17 N6 OK doctor we understand *la:kin ʔiṣtabirha* my mistake
[OK doctor we understand] but consider it [my mistake].

The second major type of factors that generate LA in participants' interactions was a cultural one where they appeared to alternate between Arabic and English due to certain cultural beliefs and norms delineating cultural differences and overcoming cultural issues arising from the use of a foreign language.

For instance, they sometimes switched to English to avoid using some Arabic terms that are regarded as sensitive by some listeners such as the use of 'benign tumor' by D21, an Indian doctor, in the presence of the Saudi visitor (V1), avoiding the Arabic equivalent as in the interaction below (for more details, see example 5.2 above). So, by using LA, they excluded those to whom these

expressions are sensitive (usually a patient or a visitor). Another facet of this technique is that they switched to English for euphemistic purposes, as they believe that certain English words are understood by listeners as less direct than their Arabic equivalents.

- 14 V1 *ʔeif ʃa:r fil analysis*
What happened with the [analysis]?
- 15 D21 *huwwa kwayyis ʔil ḥamdu lila:h bas* X-ray and analysis
He is good. Thanks God but [X-ray and analysis].
- 16 V1 *ʔeif dukṭɔ:r*
What is it, doctor?
- 17 D21 *ṭayyib* the X-ray shows that he is suffering from a benign tumor
OK. [The X-ray shows that he is suffering from a benign tumor].
- 18 V1 what no understanding anything *mumkin ʃarabi dukṭɔ:r*
[What no understanding anything]. Can you use Arabic, doctor?

Furthermore, LA was found to be a powerful mechanism in preserving the meaning of certain terms and expressions by using them in one particular language rather than the other, especially those which are regarded as formulaic chunks with specific cultural significance. For instance, many expressions are connected to Arabic and Islamic culture and they are best used in Arabic to keep their original connotations. For instance, the expression */ma:falla ʃaleik/* ‘Allah wills’ in the following interaction (see example 5.8 above) is expressed in Arabic in spite of the fact that D36 (a Syrian doctor) began his turn in English and D37 (an Egyptian doctor) replied in English as well. So, such use of Arabic formulaic chunks was found to be common in certain speech acts such as making compliments, congratulations, supplications, requests and apologies, and in assuring others that something will be done.

- 6 D36 D37 you see that the one who needs dialysis is diabetic I saw him before
 7 D37 which one the one you dealt with yesterday
 8 D36 @ @ how you noticed that *ma:falla ʕaleik*
 [How you noticed that] Allah wills.
 9 D37 well I saw the way he walks and had a look at his record

Finally, LA was used to negotiate personal relationships. Participants qualified or altered their relationships to other participants in the conversation through two major accommodation strategies: convergence and divergence. To show convergence, LA to Arabic was mainly used, whereas English was used to show divergence. Such language choice distribution could be attributed to the fact that most of the participants were native speakers of Arabic and the use of L1 is frequently associated with convergence. Therefore, convergence and divergence strategies of accommodation were not connected to one particular language; rather, they depended on the linguistic resources and attitudes of the participants. So, LA to Arabic for convergence was found in conversations with only L1 Arabic participants, but with non-L1 Arabic participants LA to English showed convergence. For example, in the following short extract, taken from example 5.23, two Arab doctors are talking in the presence of an Indian doctor (D33). The conversation starts in Arabic, but as an act of accommodation process through convergence, D4 switches to English to provide D33 an opportunity to participate in the conversation (for more discussion of this interaction, see example 5.23 above).

- 6 D11 *ṭayyib ʔeif ʕa:r baʕdein*
 OK. What happened then?

- 7 D4 *walla rajaʕt liʔanni kunt mistaʕjil* what do you think doctor
 8 do you accept that {looking at D33}
 I returned back because I was in hurry [what do you think doctor, do you
 accept that]?
- 9 D33 I do not know what you are talking about
- 10 D4 that is why I used English we are talking about a strange situation which
 11 happened yesterday the security man did not allow me to access the
 12 hospital by my car
- 13 D33 oh yesterday why is that
- 14 D4 as I said he was serious but anyway I managed to get in
- 15 D33 that is brilliant anyway it was sorted out

6.3 Discussion of Research Questions

The results presented in Chapters 4 and 5 indicated that participants' LAs depended on the linguistic repertoires of the interlocutors. However, in certain cases it was found that the language proficiency of the participants had nothing to do with LA, but other factors were found responsible for switching from one language to another, such as topic of conversation, the nature of certain terms and expressions, or certain cultural issues.

In this section, the research questions are revisited based on how they relate to the literature reviewed in Chapter 2. The implications of the study's findings for each research question are discussed under the respective question.

Research Question 1: In what contexts did language alternation occur at KASH?

This question was examined through observations and analysis of the recorded conversations. The data revealed that there are two main contexts in which LA

occurs, viz., the institutional context and the cultural context. In both contexts the topic of discussion and relationship between the participants were the major variables. The analysis of data led to something similar to the distinction made by Blom and Gumperz (1972) between situational code switching and metaphorical code switching. They define the first as “a direct relationship between language and social situation” (1972: 424). Moreover, Scotton and Ury (1977) stress the necessity to understand the relationship between the topic of conversation and the participants involved in order to explain the language choice. As far as the situational code switching in the present study is concerned, the LAs seen in the conversations occurred mainly because of the nature of the topic of conversation or when participants attempted to change the topic. For instance, when they discussed something medical, LAs, especially into English, almost always occurred, especially when using purely medical terms. Furthermore, LAs to English in the presence of the patients, their relatives or visitors served the purpose of excluding them from being even indirectly involved in the conversation.

The second type of code switching proposed by Blom and Gumperz, metaphorical code switching, is associated with the LAs performed by participants to negotiate their interpersonal relationships. This type of code switching is intended to remind the listener of something through either the convergence or divergence processes of accommodation, in Blom and Gumperz’s terms: “[metaphorical code switching] enriches a situation, allowing for allusion to more than one social relationship within the situation” (1972: 409). So, participants used this type of LA to invoke something not talked about or mentioned directly in the interaction, such as being Arab, relatives, neighbours or being Saudis.

Research Question 2: What are the functions of language alternation in spoken interactions?

This question, which concerns the effect or impact of LA on the nature or pattern of individual interactions in particular circumstances, was examined through the analysis of the recorded material: conversations and interviews. The analysis indicated that LA functioned as a linguistic tool to ease communication among participants in a number of methods such as repeating what had been said. This has been evidenced in the literature on code switching functions proposed by Gumperz (1982), Grosjean (1982) and Savic (1994), which refer to this function as “reiteration” when participants use code switching to attract the listener’s attention and to emphasize what has been said. Furthermore, LA was used by the participants of this study to fill lexical gaps in order not to stop the conversation, similar to the findings of Færch et al. (1984) and Hlavac (2011). In addition, LA facilitated communication involving technical concepts and expressions. In all of these cases participants switched from Arabic to English, which indicates that English is associated with institutional terms more than Arabic, as is reported by Al-Khatib & Sabbah (2008) and Abalhassan & Alshalawi (2000), who conclude that their participants switch from Arabic to English when using technical terms or talking about university and academic issues (for more details of these studies, see Chapter2, section 2.2.4, above).

According to the literature, the negotiation of power and hierarchy relationships is related to the current context in which the interaction takes place. In this study participants alternate between Arabic and English to signal their power and hierarchy relationships fostering the distance between them, a function of LA similar to the findings of Costa (2010), who concludes that participants switch to English to invoke the power associated with the use of English.

Moreover, LA was used by participants with the function of avoiding using some Arabic terms that are regarded as sensitive by some listeners. Another facet of this technique is that they switch to English for euphemistic purposes, such as the use of ‘severe diarrhea’ by the Saudi doctor (D4) in the following interaction (see example 5.4 above).

- 3 D9 *tara X yiṣtiḏir ʔarsalli risa:la ʕal* whats
By the way X apologizes he sent me a message on [Whats]App.
- 4 D4 *leif ʔari:ba walla ʔil yɔ:m ga:baltuw ga:l ʔinnu raḥ yiji*
Why? Strange. In fact today I saw him. He said that he is coming.
- 5 D4 *yigu:l ʕindu* severe diarrhea
He says he has [severe diarrhea].
- 6 D9 *oh ʕiklha nazla maʕawiyya*
[Oh!]. It seems a stomach problem.

Another function of LA found in this study is to preserve the meaning of certain terms and expressions regarded as formulaic expressions, especially those connected to Islamic culture, which were manifested in the areas of compliments, congratulations, supplications, requests and apologies, where Arabic was the language they switched to.

A final point in answering this research question is that LA was used to negotiate personal relationships among participants when it was used with the function of showing accommodation with each other through either convergence or divergence. In this respect, Kanakri and Ionescu (2010) indicate that their participants, who are non-Arab, switched to Arabic to signal accommodation to Arabic native speakers. Moreover, Safi (1992) reported that Saudi students in the

United States switched to Arabic to enhance and foster bonds among their group but switched to English in formal situations.

To conclude, LA was used by the participants of this study for communicative purposes as in filling the lexical gaps they come across especially when communicating in Arabic and encountering a technical term or expression whose Arabic equivalent is not common at KASH. Thus, LA is an effective tool that makes available a way for speakers to continue their conversation. Moreover, LA is found to be used to signal power relationships, avoidance of sensitive terms, accommodation, and for the use of formulaic chunks related to Islamic culture in a number of speech acts.

Research Question 3: What are the reasons for language alternation in these medical contexts?

This question, which focuses on the reasons for selecting LA as a conversational move or tactic from the participants' perspective, was examined through the analysis of the observations and the retrospective conversations and interviews conducted after the recorded interactions. The analysis showed that participants resorted to LA for changing the topic of discussion, the low level of linguistic competency of the listener, cultural issues, or to signal interpersonal relationships. In a number of cases, LA was situational when participants switched either to Arabic or to English to abandon the topic being discussed and to start a new one. Moreover, the analysis of data demonstrated that participants used Arabic, English, or LA between both languages according to the linguistic abilities of the listener and their attitudes towards certain linguistic varieties; in most cases, it was because the listener's linguistic proficiency in either Arabic or English was not at the level required to understand a particular utterance. A kind of support might come from the interviews I conducted with some participants. For instance, in the

interview with D1, a Pakistani doctor, the reason for using LA from English to Arabic is made clear. D1 said: “Well initially I prefer using English all the time but sometimes I need to use Arabic so I can talk to the patients. In many situations I have difficulty dealing with Saudi nurses especially those who are a bit old”; he added: “... I notice that some nurses find it easier to use Arabic, so I have to use Arabic in order to ease the communication and at the end to give the patient good diagnosis and medication” (Interview with D1). Moreover, in the interview with D13, who is also a Pakistani doctor, he explained the reasons he switched to Arabic when speaking English with colleagues or nurses:

I think that when I came to the office I thought that the employee speaks English, but he doesn't. So I used some few Arabic words which I know, at least I know some few words which could help me in dealing with people in such situations. (Interview with D13)

In the above two extracts from the interviews with the two Pakistani doctors the common reason for the LA is the language proficiency of the listener that had made them make such alternation from English to Arabic.

Metaphorical code switching, on the other hand, was demonstrated in the use of LA for achieving some accommodation or politeness strategies. For instance, N4, a Saudi nurse, indicated in the interview that his choice of an Egyptian expression is to signal closeness: “I like to use Egyptian words with Egyptian doctors. I feel I am close to them” (Interview with N4). In a similar way, reminding the listener of a fact of being closely related, D15, an Egyptian doctor, switched to Arabic in an attempt to soften the situation and remove the boundaries that might be created by the nature of the job, as he said in the interview:

I don't know how I acted like this, but I'm so serious about things especially when it comes to work. The shift to Arabic here is to lessen the tension and to remove the boundaries; as I think I was so severe towards that person. The word /baladiyyati/ 'my hometown fellow' is

a very interesting word which describes the bond between you and the one you are referring to. It means we are from the same home.
(Interview with D15)

Whereas, D17, a Saudi doctor, used Arabic to show who he is and negotiate his rights as he mentioned in the interview: “My language represents who I am, that is a good reason for using Arabic here. I showed who I am by using Arabic. By the way I don't do that in other situations. I mean because here it refers to us, Saudis, and our rights, I used Arabic” (Interview with D17).

6.4 Critical Reflection on the Study

This study was conducted in KASH as a multilingual and multicultural site in order to understand the nature of the linguistic situation in such a medical setting. More precisely, it has considered the use of Arabic and English and the alternation between them; the types, functions and reasons for such LAs were investigated through the analysis of the recorded interactions and the individual interviews. The participants in this study were selected randomly in order to represent the whole organization and furthermore, the organization is similar to other medical organizations in KSA and other Gulf countries.

Verification of the data was necessary to eliminate potential inaccuracies in the transcription. I checked the accuracy of the data by consulting two linguists specializing in the area of phonology at different universities who were both fluent in Arabic and English to review and verify the transcribed data.

Research on bilingualism is often based on naturally occurring data. Such research is an enormous mission and not completely controlled. It might not pay enough attention to the individual characteristics of the subjects; however in certain cases, in this study, individual characteristics were shared by most of the participants. Another limitation of this study is the failure to record video data during the period

of data collection which may have resulted in the loss of valuable and meaningful data. However, this would not have been practical in the context of sensitive medical situations such as the one I investigated and was also precluded on ethical grounds.

6.5 Implications

Language alternation has been viewed in this study as an aspect of bilingualism. The main focus of the implications of this study is on the academic field of bilingualism and language alternation. Furthermore, two additional types of implications are discussed: what the authorities of medical organizations may learn from employees' LAs between Arabic and English, and the benefits for educators especially in the medical field.

6.5.1 Research Implications

One of the concerns of sociolinguistics is the investigation of the natural social setting of speech and relating the patterns and processes produced by the speakers. The observation and analysis have revealed that participants' use of each of the two languages was associated with the sociocultural contexts and environment. From a sociolinguistic perspective, I viewed the participants' use of the two languages as having major environmental and cultural influence.

Investigating the social and cultural functions of participants' LAs has affirmed that although, in some interactions, they share the same language, religion, cultural and value backgrounds with other participants, their LAs between Arabic and English occurred for various social and cultural reasons. Differentiating between the social functions of certain LAs is a difficult task as speakers have different topics of discussions and discourse as well as different listeners. In this study, the interlocutors remained relatively stable; however, the topic of conversations

differed significantly. The analysis of the participants' social functions has shown that they switched from one language to another for specific reasons even when their L1 and cultural background were the same. Therefore, their LAs served different purposes.

Put aside Arabic native speakers, non-native speakers of Arabic inserted Arabic words related to religion or culture that they learned during their stay in KSA or similar Arab countries.

6.5.2 Implications for Medical Authorities and Medical Education

Decisions made by authorities with regard to the linguistic situation in their organization are of vital importance to the employees as well as the organization. Therefore, providing information about the communication process at KASH may help authorities to make the appropriate decision regarding language use at KASH and other similar institutions.

When an individual grows up and lives in a monolingual society, such as is the case with the Saudi participants of this study, the society represents the wider social ties and cultural values that constitute a large part of his or her daily activities. The participants of this study have different linguistic and cultural backgrounds but have been able to work together and somehow to understand the two languages in different contexts. This fact summarizes the linguistic and cultural conditions of life at KASH. Therefore, employees need the two languages in order to live and function effectively and successfully in such a medical environment.

As for medical education, this study has educational implications for teachers, especially those who teach bilingual ones, such as the fact that students who code

switch between languages are not confusing those languages but rather using their linguistic abilities to improve their communication skills.

Moreover, the findings of this study could contribute important guidance for curriculum designers at medical colleges, where doctors receive their training, and also at institutions such as the College of Health Sciences, where nurses receive their training in Saudi Arabia (see Chapter 1, section 1.2.1.3 above). So, this study may help curriculum designers understand better how the communication process works at the hospital. This is especially important in the overlapping use of more than one language in such a critical and sensitive environment, which in turn gives them the opportunity to decide which kinds of materials the trainees need when they are studying.

Based on the results of this study, it seems that knowledge of both Arabic and English is necessary for both staff in KASH and educators in medical institutions; as we have seen in many instances, communication difficulties arise from the fact that some employees' knowledge in either of these languages was not sufficient to convey a message or to make the listener understand. Thus, being able to alternate between Arabic and English seems to be a key skill since all personnel do not have equivalent proficiency in these two languages.

6.6 Recommendations for Future Research

While this study has provided evidence to answer the specific questions it set out to investigate, a number of related areas worth investigation could be researched further.

First, the relationship between the topic of conversation and LA is an important issue as many participants of this study have learned to talk about certain topics in

a particular language. More in-depth investigation is required to investigate whether this issue applies in other medical organizations.

Secondly, in order to generalize the results, it is essential to investigate other medical organizations, so that the results can be compared to the findings of this study. In this way, the research in this area will be enriched by having a panoramic view of the nature of language alternation in the medical context. Therefore, more research is required in similar organizations.

Thirdly, language alternation can be investigated from two different perspectives, viz., sociolinguistic and grammatical perspectives (see Chapter 2, section 2.2.3 for more discussion of these perspectives). This study has investigated LA in medical settings from the sociolinguistic perspective; further studies could explore LA in similar settings but from the grammatical perspective, focusing on which grammatical items are being switched to and where in the utterance.

Finally, while this study focused on LAs between Arabic and English, more fine-grained research could focus on LA between the dialects of Arabic in similar settings.

6.7 Conclusion

This chapter has represented the whole project by providing a summary of the study, methods of data collection, the major findings, discussion of the research questions, limitations and implications of the study, and has suggested a number of topics and areas where further research studies are needed.

KASH is found to be a multilingual and multicultural site in which a number of non-local people are employed with different linguistic and cultural backgrounds. Therefore, they present a multilingual situation in which a number of languages

and dialects operate; however, this study has focused on the most used languages at KASH: Arabic and English. The alternation between Arabic and English by the participants of this study has shown a number of functions, such as mitigating communication difficulties encountered by the speakers or listeners. In addition, certain workplace terms are found to be used in English, whereas other terms and expressions are preferred to be used in Arabic; in both cases LA was found to be an effective interactional instrument in dealing with such issues. Furthermore, LA played an important role in negotiating personal relationships such as those of power and hierarchy. In general, LA was found to be an effective tool in integrating different cultural traditions and tolerating linguistic differences among participants.

Appendices

Appendix I: List of Participants

Detail information is provided only for those participants whose participation is used in the analysis.

SN	P	A	N	Q	T
Doctors					
1	D1	42	Pakistani		5 years
2	D2	44	Egyptian		8 years
3	D3	33	Egyptian		3 months
4	D4	29	Saudi		4 years
5	D5				
6	D6	44	Nigerian		4 years
7	D7	36	Syrian		4 years
8	D8	30	Saudi		3 years
9	D9	31	Saudi		2 years
10	D10				
11	D11	53	Sudanese		10 years
12	D12	42	Egyptian		
13	D13	40	Pakistani		Six weeks
14	D14	33	Saudi		4 years
15	D15	44	Egyptian		3 years
16	D16				
17	D17	33	Saudi		4 years
18	D18	36	Saudi		1.5 years
19	D19				
20	D20	39	Sudanese		3 years
21	D21	56	Indian		15 years
22	D22	35	Saudi		4 years
23	D23	46	Syrian		7 years
24	D24	40	Egyptian		5 years

SN	P	A	N	Q	T
25	D25	39	Sudanese		7 years
26	D26				
27	D27	32	Saudi		6 years
28	D28	41	Egyptian		1 year
29	D29				
30	D30	29	Saudi		4 years
31	D31	36	Saudi		4 years
32	D32	42	Saudi		7 years
33	D33	49	Indian		3 years
34	D34				
35	D35	39	Egyptian		6 years
36	D36	51	Syrian		5 years
37	D37	37	Egyptian		2 years
38	D38	32	Saudi		6 years
39	D39		Indian		
40	D40	38	Egyptian		2 years
41	D41		Tunisian		
42	D42		Moroccan		
43	D43	42	Iraqi		4 years
44	D44		Jordanian		
Nurses					
45	N1	39	Saudi	diploma	2 years
46	N2				
47	N3				
48	N4	31	Saudi	bachelor	4 years
49	N5				
50	N6	28	Saudi	bachelor	3 years
51	N7				
52	N8	44	Saudi	diploma	3 years
53	N9				
54	N10				
55	N11				
56	N12	35	Saudi	diploma	3 years
57	N13				

SN	P	A	N	Q	T
58	N14	34	Saudi	diploma	1 year
59	N15	37	Saudi	diploma	1.5 years
60	N16	47	Saudi	diploma	9 months
61	N17				
62	N18				
63	N19				
64	N20	28	Filipino	bachelor	2 years
65	N21				
Employees					
66	E1	26	Saudi	diploma	4 years
67	E2	44	Saudi	diploma	6 years
68	E3	44	Saudi	diploma	7 months
69	E4		Saudi	diploma	3 years
70	E5				
71	E6				
Visitors					
72	V1		Saudi		
73	V2				
74	V3		Nigerian		
75	P1				

SN = serial number; P = participant; A = age; N = nationality; Q = qualification; T = time spent at the hospital

Appendix II: Conversations

Conversation 1

- 21 D1 N1 this patient is having a difficulty in breathing
22 can you please check his blood pressure¹⁰
23 N1 what (.) pressure blood
24 D1 check (.) *zaxtid dam* please
[Check] the blood pressure [please].
25 N1 OK
26 N1 *ya duktɔ:r* pressure blood *murtafiɕ fwayyih*
Doctor, [blood pressure] is little high.
27 D1 OK then can you please also check the weight
28 N1 what *maɕaleif duktɔ:r*
[What]? Pardon me, doctor.
29 D1 I mean to say *ɕu:f ilwazin*
[I mean to say] check the weight.
30 N1 aha (.) OK

Conversation 2

- 1 N2 so N3 how long it takes you to prepare an injection
2 N3 I think one to two minutes (.) *taqri:ban*
[I think one to two minutes], approximately.
3 N2 you know that you need to be careful especially when preparing
4 injection from an ampoule you need to use a small gauze pad you
5 wrap it around the neck of the ampoule and break the top quickly
6 N3 *ʔaywah* I know that *tɕallamtha fit* training
Yes, [I know that] I learnt it in the [training].
7 N2 nice and then you insert the syringe needle into the ampoule make it
8 upside down and pull the plunger back slowly to allow the medicine
9 to enter the syringe
10 N3 *ɕaħ lamma ʔasawwi* enter *las* syringe *tisħabha minil* ampoule
Right, after I [enter] the [syringe], I pull it from the [ampoule].

¹⁰ Line number 2 is a continuation for the same turn in line 1 because the length of the turn exceeds the space of one line. Giving each line a separate number makes it easy to refer to certain expressions by indicating the line number.

- 11 N2 good you know it right
 12 N3 of course (.) *ḏaḥi:n xalli:ni ʔasawwi* the injection *gabil ma yiji ʔid duktɔ:r*
 [Of course]. Let me prepare [the injection] before the doctor comes.

Conversation 3

- 1 D2 *fuft ʔil mari:z da*
 Have you seen this patient?
 2 D3 *la:walla lissa (.)* I will check him
 No. Not yet. [I will check him].
 3 D2 *dilwaʔti walla baʔdein*
 Now or later?
 4 D2 *ʔa: ʔayyib xala:ʂ* {speaking loudly to another nurse as if s\he is away}
 OK. I got it.
 5 D3 within minutes I will be *xala:ʂ*
 [Within minutes I will be] finished.
 6 D2 nurse *wein ʔil* injection
 Where is the [injection? Nurse].
 7 N3 it is ready
 8 D2 *gahza xala:ʂ*
 Ready?
 9 D3 *ʔa: everything is ready*
 Yes, [everything is ready].
 10 D2 *ʔinta ʔa:ʕid bitirxi leih @*
 Why are you using English a lot?
 11 D3 @ it is easy for me
 12 D2 easy come easy go @ *tʕawwit ʕalal* English
 [Easy come easy go] I am accustomed to [English].
 13 D1 *ʔana tʕawwit ʕalal ʕarabi*
 I am accustomed to Arabic.
 14 D1 @ @
 15 D2 @

Conversation 4

- 25 D27 welcome D38

26 D33 oh D38 where have you been

27 D6 yeah so long I have not seen him

28 D38 @@ welcome thanks for missing me

29 D23 *D38 ja:lah mawlu:d gabl ʔams* baby this is why he was busy
D38 got a baby the day before yesterday [baby this is why he was busy].

30 D6 oh a new baby congratulations.

31 D33 *Oh ʔalf mabru:k D38*
Oh! Congratulations D38.

32 D38 thank you thank you *fukran dukto:r ʔalla:h yiba:rik fi:k*
[Thank you. Thank you]. Thanks doctor. May God bless you.

33 D27 *mabru:k D38 yitrabba fi: ʕizzak*
Congratulations D38. Will be brought up in your strength.

34 D38 *ʔalla:h yiba:rik fi:k ʕabi:bi D27*
God bless you D27

35 D6 how do we say congratulation in Arabic

36 D33 *ʔalf mabru:k* it is good to say that in Arabic I am used to it @@
Congratulations. [It is good to say that in Arabic. I am used to it].

37 D6 *ʔalf mabru:k*
Congratulations.

38 D27 *yalla ya: D38* a small party *kiða*
OK D38 [a small party] is required.

39 D38 *ʔabfir bas xalli:na nfu:f leila muna:siba* once the doctors are free we
40 will designate a night
Sure, but let us see a suitable night [once the doctors are free, we will designate a night].

41 D6 OK *ʔistira:ħa @*
[OK]. A rest house.

42 D38 yeah of course a nice one not like the old one

43 D6 D23 is now in the meeting room OK OK OK coming

44 D23 *mumkin tfu:f ʔil barna:mij ða walla ʕammaltu ʔumadri keif*
45 *yiftixil ʕindak ʔay xibra*
Can you see this programme? I downloaded it, but I don't know how it works.
Do you have any experience?

46 D38 *min fein ʕammaltu*
From where did you download it?

47 D23 *ʔaki:d min Apple Store*
Sure from [Apple Store].

48 D38 *ʕayyib dagi:ga xalli:na nfu:fu*
OK. A minute. Let us see it.

Conversation 5

- 1 D9 *yaxi fay xari:b*
Something strange, brother.
- 2 D10 *ʔei huwwa*
What is that?
- 3 D9 *ʔabxa ʔafham keif yifham ʔala his patients wana walla:hi ʔaʔa:ni*
4 *ʔaħya:nan wana ʔatkallim ʔarabi maʔ baʔzil*
5 patients coming from remote areas
I would like to know how he (a third doctor) understands his patients. Sometimes I find it difficult when I speak Arabic with [some patients who come from remote areas].
- 6 D10 oh like Giya Missan @
- 7 D9 *ʔaħ ya: dukto:r mu: ʔaʔb*
Am I right, doctor? It is difficult.
- 8 D10 *walla:hi buʔ huwwa biyʔtamid ʔala xibritid dukto:r miʔ bas ʔul*
9 *luħawiyya wi bas bas xibritu ʔizza:y mumkin yiʔraf ʔil mari:z min ʔei*
10 *biyʔtiki min xeir ma yifham ʔalei*
See. It depends of the doctor's experience. Not his linguistic experience only, but also his experience in knowing what the patient suffers from without understanding his dialect.
- 11 D9 *bas ya: dukto:r ʔil (.) language proficiency muħima jiddan bl luħatein*
12 *ʔarabi wingili:zi ʔaʔa:n kiða ʔana baʔu:f ʔinnu ʔistixda:m ʔil ʔarabi wil*
13 *ʔingili:zi muħim jiddanf*
But [language proficiency] is very important in both languages Arabic and English, doctor. For this reason, I see using English and Arabic is very important.
- 14 D10 I totally agree with you *barzu kama:n baʔzil mumarrizi:n ʔilli ja:yji:n*
15 *min baʔzil mara:kiz yiħta:j yitʔallam ʔingili:zi*
[I totally agree with you]. In addition, some nurses who come from certain centres need to learn English.
- 16 D9 *yaʔni bixtiʔa:r baʔzil mumarrizi:n ʔubaʔzid daka:tra xeir ʔil ʔarab*
17 *biyħta:ju:n tadri:b ʔalal luħatein Arabic wa English*
In short, some non-Arab nurses and doctors need training on both [Arabic] and [English].
- 18 D10 *waxa:ʔatan* {someone knocks the door}
Especially
- 19 V1 *mumkin dukto:r X*
May I see Dr X?
- 20 D10 *walla:hi huwwa upstairs*
In fact he is [upstairs].

- 21 V1 *fɔ:g ʔayyib fukran*
Upstairs? OK. Thanks.
- 22 D9 @
- 23 D10 *bitizħak ʔala ʔei*
Why are you laughing?
- 24 D9 *gu:l fɔ:g ʔayyib upstairs*
OK, say /foug/ ‘upstairs’. Why ‘[upstairs]’?
- 25 D10 *walla:hi tisadaʔ tʔawwit ʔaleiha ħatta ʔaħya:nan bilbeit ʔirt ʔaʕmil* mixing
It became habit, you know. Sometimes even at home I make [mixing].
- 26 D9 that is normal *liʔanu ʔala tu:l binistaxdim ʔil* English *wi* Arabic
[That is normal] because we always use [English] and [Arabic].
- 27 D10 *xalli:na nfu:f ʔeihilli yiħʕal bixsu:ʕ ʔil (.)* medical record
Let us see what can be done for the [medical record].
- 28 D9 which one you mean ahh the concerning electricity yeah *walla:hi ʔaħin*
29 *ʔinni ba:gi ma: xallaʕt mura:jaʕtu* I think
[Which one you mean? The one that concerns electricity. Yes, I think] I have not completed it.
- 30 D10 seriously
- 31 D9 *walla:hi maʕaleif dukto:r ʔaħin la:zim tiʕti:ni:.* a couple of days
I am sorry doctor. Give me [a couple of days].
- 32 D10 well you had enough please Ali try to finish it so soon
- 33 D9 *ʔabfir ʔabfir* D10
Sure. Sure D10.
- 34 D9 I will go upstairs to bring it and show you where I stopped

Conversation 6

- 1 D12 yes D11 he is engaged at treatment of patient tell the nurse to
2 take him to that bed and I will see
- 3 N4 I told him
- 4 D12 so that patient who is bleeding need admission I know nurse
5 please complete the form
- 6 N4 OK
- 7 D12 here is the pen
- 8 S1 *D11 sayya:rtak mgafila ʔala wa:ħad yibxa yiħlaʕ*
D11, your car is blocking the way of someone who is leaving.
- 9 D11 *oh tsaddig nisi:t ʔayyib mumkin θawa:ni bas ʔafa:n ʔasawwi* change
10 *lil* gloves *huwwa biyiħlaʕ* right now
[Oh!] I forgot. I need few seconds to [change] the [gloves]. Is he leaving [right now]?

- 11 S1 *keif*
How?
- 12 D12 *yigullak ?ir rija:l fis sayya:a wi yibxa yi?la?*
He says: is the man in the car and wants to leave?
- 13 S1 *madri ?ana ja:ni bala:x bisim ?a:hib ?is sayya:ra winnu la:zim yfi:lha*
14 I have no idea, but I received a complaint about this car, and it should be removed.
- 15 D11 *?ayyib xala:š xala:š ductɔ:r*
OK. OK doctor.
- 16 D12 *?ayyib leif ma: waggaf fil parking willa ka:n zaħma ?il parking*
Why did not you put it in the [parking]? Was the [parking] crowded?
- 17 D11 *walla ja:ni ?ittiša:l ?innu fi: emergency accident fa?tarreit ?inni*
18 *?awaggif wukunt ba?la? sala tu:l bas nisi:t*
I received a call that there is an [emergency accident], so I stopped the car there and I was planning to remove it soon.
- 19 D12 *yalla hašal xeir ?ayyib ?ana: will cover for you*
OK. It is not a big deal. Go and I [will cover you] here.
- 20 D11 *?ayyib rabbina yiddi:k ?i? šiħħa θawa:ni wja:y*
May God keep you well. Few seconds and I will be coming.

Conversation 7

- 13 D13 *?as sala:mu šalaykum ?ana yabxi* apartment for family
Salaam. I need an [apartment for family].
- 14 E1 *?eif ?eif tabxi*
What? What do you want?
- 15 D13 I need one apartment for family please
- 16 E1 sorry no English please language Arabic
- 17 D13 *?inta la:zim* speak English
You have to [speak English].
- 18 E1 brother no English *bas šarabi*
[Brother. No English]. Only Arabic.
- 19 E1 *?inta mumkin yru:ħ* manager *fɔ:g*
You may go to the [manager], upstairs.
- 20 D13 what *ma: fi:* English *marrah*
[What]? No [English] at all.
- 21 E1 *?inta fi:* kingdom Saudia *la:zim šarabi*
You are in [the Kingdom of Saudi Arabia]. Arabic is a must.
- 22 D13 *keif ?inta sawwi* speaking *ma?* doctors
How do you manage [speaking] with [doctors]?

- 23 D13 {calling a passing by doctor} doctor doctor doctor
 24 can you help me please

Conversation 8

- 1 D13 *ʔasala:mu ʕalaykum ʔana yabʕi* apartment for family
 Salaam. I need [apartment for a family].
 2 E1 *ʔeif ʔeif tabʕi*
 What? What do you want?
 3 D13 I need one apartment for family please
 4 E1 sorry no English please language Arabic
 5 D13 *ʔinta la:zim* speak English
 You have to [speak English].
 6 E1 brother no English *bas ʕarabi*
 [Brother. No English]. Only Arabic.
 7 E1 *ʔinta mumkin yru:ħ* manager *f:ɡ*
 You may go to the [manager], upstairs.
 8 D13 what *ma: fi:* English *marrah*
 [What]? No [English] at all.
 9 E1 *ʔinta fi:* kingdom Saudia *la:zim ʕarabi*
 You are in [the Kingdom of Saudi Arabia]. Arabic is a must.
 10 D13 *keif ʔinta sawwi* speaking *maʕ* doctors
 How do you manage [speaking] with [doctors]?
 11 D13 {calling a passing by doctor} doctor doctor doctor
 12 can you help me please

Conversation 9

- 1 E2 *ʔas sala:mu ʕalaykum* nurse
 Salaam. [Nurse].
 2 N5 welcome sir
 3 E2 *fi:* patient *bism saʕd qarni mumkin ʔaʕrif fi ʔay* room
 There is a [patient] named Said Qarni. May I know in which [room] he is?
 4 N5 what is his full name
 5 E2 *ʕafwan* not understand
 Pardon me. I do [not understand].
 6 N5 *ʔisim ʔisim ka:mil*
 Name, full name.
 7 E2 *ʔa: walla madri*
 Oh! I do not know.

8 N5 excuse me
9 E2 not know
10 N5 I cannot help you coz we have so many names like this
11 E2 what
12 N5 *ma: fi:* full name should be given
There is no. [Full name should be given].
13 E2 *wein fa:di*
Where is Shadi?
14 N5 patient
15 E2 yeah
16 N5 or you mean our workmate or maybe you mean the one who is here
17 E2 yes yes yes
18 N5 not here went *ṭawa:ri?*
[Not here. He went] to the Emergency.

Conversation 10

1 N6 *ṭayyib ṭayyib* OK nurse look for this name and try to give the age
2 of each patient there *kam huwwa ṣumru*
OK, OK. [OK nurse, look for this name and try to give the age of each patient
there]. What is his age?
3 E2 *walla: madri*
In fact, I do not know.
4 N6 *taqri:ban*
About
5 E2 74
6 N6 do you have 74 nurse or close to this age
7 N5 we have 76
8 E2 *mumkin ṣumru 76*
May be his age is 76.
9 N6 OK which room he is in
10 N5 305
11 N6 *yalla xalli:na nfu:f wein* OK let us go to check
OK. Let us see where. [OK. Let us go to check].
12 E2 thank you nurse
13 N6 @ see you
14 N5 bye

Conversation 11

- 7 D14 I think you received our request as for *ʔal ʔija:za*
[I think you received our request for] the leave.
- 8 D22 well I did but we have to rearrange because there are many doctors
9 who applied for that
- 10 D14 true but *ʔana kunt ʔawwal wa:ħad*
[True, but] I was the first one.
- 11 D22 I will check that and see who deserves first
- 12 D14 please doctor *xalli:ni fiba:lak*
[Please] keep me in your mind.
- 13 D22 I think I have to be fair concerning that well you D14 these are
14 so sensitive issues and that mainly depends on our need for some
15 staff members so we cannot we should give priority to those who are
- 16 D14 I agree with you *ma: gulna ʔay bas ʔaham ʔay tku:n* fair enough
[I agree with you]. We did not say anything, but most important is to be [fair
enough].
- 17 D22 I will do my best to be like that
- 18 D14 *ʔayyib fukna min ðal mawzu:ʃ sʃu:d da:wamil yɔ:m*
OK. Forget about it. Has Saud come today?
- 19 D22 *walla:* not quite sure
In fact, [I am not quite sure].
- 20 D14 *kallamk bixʃu:ʃ ʔin* new campaign by the way *nibxa:ha tku:n* so impressive
Did he speak to you about the [new campaign]? By the way, we need it to be [so
impressive].
- 21 D22 *ʔei walla kwayyis ðakkartni walla dag ʃalay ʔil ba:riħ lagi:tlu* miss call
22 *mata bitku:n ʔinfa:lla*
It is good that you have reminded me. I found a [missed call] from him
yesterday. When will it be?
- 23 D14 *ʔiða: ma: xa:b ʔanniy raħ tku:n ʔis sabt ʔaw ʔil ʔaħad ʔɔ:: ʔaʃdi ʔil*
24 *ʔaħad ʔaw ʔil ʔiθnein*
If I am not mistaken, it will be on Saturday. I mean Sunday or Monday.

Conversation 12

- 1 D15 *ʃu:f N7 xuð kulil files di sawwi laha ʔaʔrab mawa:ʃi:d wi baʃdi kida*
2 *sagilha fil kumbyu:tar*
Look N7, take all these [files] and make appointments as early as possible, and
then inter them into the computer.
- 3 N7 *ʔayyib ʔabfir*
OK. Sure.

- 4 D15 *yaxi rafaṣu ẓaxṭi ʔil yɔ:m*
Brother, they drove me crazy today.
- 5 N7 *ʔei walla simiṣṭ ʃajja min barrail xurfa*
Yes. I heard some noise outside the room.
- 6 D15 *yaxi mari:z ʔalla: yiṣliḥ ḥa:lnau ḥa:lu yigu:l la:zim tiktibli ṣila:j gult yabni*
7 *l ḥala:l ʃiḥḥitakil ʔa:n kwayyisa ʔu ma: tiḥta:gfi yigu:l la: ʔana ʔahis ʔinni*
8 *taṣba:n fuftil* prescription *ʔil ʔadi:m la:ḥazṭi ʔinnu biya:xud* two tablets
A patient said that I have to write him a kind of medicine. I said you are good now and you do not need any. He no. I am not feeling well. I saw the last [prescription] and found that he takes [two tablets].
- 9 N7 wow too much
- 10 D15 *ʔalmuhim ʔinni nabbaht ṣabnu ʔinnu huwwa la:zim yiṣṭi: ʔid dawa:ʔ*
11 *biṅṅafsu huwwa ʃa:yib kibi:r ʃaṣa:n kida sawweit ʃajja ṣal walad*
Anyway, I told his son to give him the medication himself. He is an old man. That is why I made that noise with the son.
- 12 N7 *ʔazinniy fuftu fi: qismil ṣza:m ṣindid dukṭɔ:r ka:mil*
I think I saw him in the Orthopaedic Department with Dr Kamil.
- 13 D15 *walla maski:n ṣindu maṣa:kil wiṯ ḥa:ni ja ygu:l yaxi ʔiḥna miṣ ṣaba:ḥ*
14 *nintizir kul mari:z ya:xuḍ nuṣ sa:ṣa kḥi:rih*
He has a lot of problems. Another one said: we are waiting for a long time. Each patient takes half an hour.
- 15 N7 *gullu ru:ḥ ʔiftaki lal ʔida:ra*
Tell him go to the administration and complain.
- 16 D15 *yaxi fiṣlan* patients are not patient
It is true, brother. [Patients are not patient].
- 17 N7 True. True
- 18 D15 *ʔil muhim ḥa:wil txalliṣhum gabliṣ ṣala: ʔana: ṭa:liṣ ʔatwaṣa*
Anyway, try to finish them before prayer. I am going to make ablution.
- 19 N7 *walla: baḥa:wil*
I will try.

Conversation 13

- 9 D13 N8 can you please change the dressing here please
- 10 N8 What *ʔaxayyir ʔeif ya: dukṭɔ:r*
[What]? Change what doctor?
- 11 D13 *mumkin ʔinta yxayyir iz ẓamma:da*
Can you change the dressing?
- 12 N8 *bas* doctor this only one *ʔusbu:ṣ*

- But [doctor this only one] week.
- 13 D13 *ṣaḥ bas la:zim ?ilyɔ:m* then change it next week
Right but it should be today [then change it next week].
- 14 N8 OK doctor *?ana basawwi* change *wbaʕdein ?inta fu:fu*
[OK doctor] I will make the [change] and then you see him.
- 15 D13 *fukran N8 ?inta marrah* helpful person *walla:hi*
Thank you N8 you are very [helpful person] I swear.
- 16 N8 no problem any service doctor

Conversation 14

- 1 N9 shall we do numbering
- 2 N10 *Keif yaʕni* numbering
How [numbering]?
- 3 D19 numbering saves time and makes order
- 4 N9 *?aki:d* numbering *ysa:ʕidna kθi:r*
Sure [numbering] helps a lot.
- 5 N10 *fikra kwaysih*
Good idea.

Conversation 15

- 1 N11 what happened as for my papers
- 2 E3 *?eif yaʕni*
What does it mean?
- 3 N11 *?awra:q xala:ʕ*
Papers finished?
- 4 N11 *mata*
When?
- 5 E3 *badri* morning
Early [morning].
- 6 N11 early you mean
- 7 E3 *badri* morning

Early [morning].

8 N11 OK OK

Conversation 16

6 D20 N15 has the bleeding stopped
7 N15 *la: walla ma: za:l fi:* bleeding
No. Still there is [bleeding].
8 D20 is it still too much
9 N15 *walla ya:duktɔ:r ba:gi* bleeding
In fact doctor still [bleeding].
10 D20 I can understand that but has it stopped completely or not

Conversation 17

19 V1 *ʔeif ʃa:r fil* analysis
What happened with the [analysis]?
20 D21 *huwwa kwayyis ʔil ʔamdu lila:h bas* X-ray and analysis
He is good. Thanks God but [X-ray and analysis].
21 V1 *ʔeif duktɔ:r*
What is it, doctor?
22 D21 *ʔayyib* the X-ray shows that he is suffering from a benign tumor
OK. [The X-ray shows that he is suffering from a benign tumor].
23 V1 what no understanding anything *mumkin ʃarabi duktɔ:r*
[What no understanding anything]. Can you use Arabic, doctor?
24 D21 tumour means mass of tissue
25 V1 nurse please help I do not understand the doctor
26 N12 *mumkin* cancer
May be [cancer]
27 D21 tumor
28 V1 *oh ʔal ʔamdu lila:h ʃala kul ʔa:l*
[Oh!] Thanks God for whatever.
29 D21 *ma: fi: xɔ:f ʔin ʃa:ʔ ʔalla:h ʔin ʃa:ʔ ʔalla:h ma: fi:* active
No worries if God wills. If God wills, it is not [active].
30 V1 *ya: ʔalla:h* cancer *ʔayyib wifil ʔal duktɔ:r*
Oh God! Cancer! OK, what is the solution doctor?
31 D21 *ʔiʔna la:zim sawwi* analysis and X-ray again to make sure *ʔinnu* tumour
We have to make [analysis and X-ray again to make sure] that it is [tumour].

Conversation 18

- 1 D35 D3 is angry with you because you left the room without letting him know
 2 D40 oh I did that I was under stress yesterday *keifak ya: brins*
 [Oh, I did that! I was under stress yesterday]. How are you prince?
 3 D3 never to talk to me I dealt with so many patients it was a tiring day
 4 D40 OK *ħa??ak řalayya ya: ba:řa*
 [OK]. I am mistaken, boss.
 5 D35 anyway *ħařal xeir*
 [Anyway]. It is OK.

Conversation 19

- 8 D22 *sala:mu řalaykum řeif řa:r řil mari:ř ha:řa*
 Salaam. What happened with this patient?
 9 D14 *wallahi řařin řindu* kidney failure
 In fact I think he has [kidney failure].
 10 D22 *ya: řalla:h* that is not a good news how did you know that
 Oh God! [That is not a good news. How did you know that]?
 11 D14 *walla řiliř řindu* vomiting he throws up everything
 In fact he has [vomiting; he throws up everything].
 12 D22 *řayyib bitsawwu:nlu taħwi:l lařy mustaffa mutaxřiř*
 OK. Are going to transfer him to any specialist hospital?
 13 D14 *walla wařřu řařb ma: řařin řin nsawwi:lu taħwi:l*
 In fact, his situation is difficult. I don't think that we can make transfer.
 14 D22 *řu:f řil* kidney failure
 See the [kidney failure].

Conversation 20

- 10 D1 N14 look at this this is the fracture
 11 N14 *řeif* fraction doctor
 What [fraction doctor]?
 12 D1 not fraction N14 fracture fracture *kasir*
 [Not fraction N14, fracture, fracture] fracture.
 13 N14 aha yes *řein*
 [Aha, yes]. Where?
 14 D1 it is here just behind the plate
 15 N14 I do not *řu:f řil* fraction *ya: doctor*
 [I don't] see the [fraction doctor].
 16 D1 Just turn *řwayyih* right, *řinta řfu:f řil* fracture
 [Just turn] little to the [right], you will see the [fracture].

- 17 N14 *zein ?ana fu:ftu* now
OK. I can see it [now].
- 18 D1 *ba?dein* I will tell you about it *xala:ʃ*
Later, [I will tell you about it] OK?

Conversation 21

- 6 D14 *ʔayyib da:m ?inna fa:zyi:n ʔa?i:n* let us discuss *?ir* report *ʔag ?il mari:z*
OK since we are free now, [let us discuss] the [report] of the patient.
- 7 D22 *?ir* report *ma: fi: ʃay* serious
The [report] has nothing [serious].
- 8 D14 but at least we have to make a draft
- 9 D22 *?id* draft *mumkin nsawwi:ha* later
The [draft] can be made [later].
- 10 D14 no make it make it today
- 11 D22 OK if you insist I will make it today
- 12 D22 shall we start right now or *nsawwi:ha* make it a bit later
[Shall we start right now or] make it [make it a bit later]?
- 13 D14 sooner better
- 14 D14 *tʃaddig bitmaʔtir ?il ?a:n ?il?hamdu lila:h*
Do you believe! It is raining now. Thanks God.
- 15 D22 really *walla jad*
[Really]! Really!

Conversation 22

- 13 D23 *ya: dukto:r ha:ʔal* patient *luh ?usbu:ʃ*
Doctor, this [patient] is here for a week.
- 14 D4 *bas ?eif ?id* diagnosis
But what is the [diagnosis]?
- 15 D23 *huw bigu:l ?il ?alam fil baʔin*
He says that the pain is in the stomach.
- 16 D4 *ya?ni maʃgu:la* clear ultrasound clear X-ray
Is it possible? [Clear ultrasound, clear X-ray].
- 17 D23 *?il muʃkila ygu:l ?il ?a:la:m fil baʔin* *bas ?ir* results *ma: tbayyin ʃay*
The problem is that he says the pain is in the stomach, but the [results] do not show

- anything.
- 18 D4 *firaʔiyi la:zim niʕmallu* ultra sonic scan *witba:n ʔil muʕkila*
In my opinion, we have to make for him [ultra sonic scan] then we will know the problem.
- 19 D23 *bas* we cannot *ʔizzaʕt ʕindu murtafiʕ* high sugar *wa kabi:r fis sin*
But [we cannot] his blood pressure is high [high sugar] and he is an aged person.

Conversation 23

- 9 D8 *ʔil yɔ:m zaħma ʕalal ʔa:xir* too much busy
Today it is fully crowded [too much busy].
- 10 N16 *yes ma: ʕift zay kiða tuwa:l fatrat ʔit* training
[Yes]. I have never seen anything like this throughout the period of [training].
- 11 D8 *ʕayyib ya: N16 la:zim tiʕti* 500mg Voltaren injection *lil mari:z fi: bed 18*
OK N16. You have to give [500mg Voltaren injection] to the patient in [bed 18].
- 12 N16 *bas ya: dukto:r ʕa:di Voltaren maʕ* antibiotics *fi: nafsil wagt*
But doctor is it OK [Voltaren] with [antibiotics] at the same time?
- 13 D8 *ʔaywah ʕa:di ma: yzur* Diclofenac with an antibiotic
Yes. It is OK. There is no harm [Diclofenac with an antibiotic].
- 14 N16 doctor *ʔaʕti: injection willa* tablet
[Doctor] shall I give [injection] or [tablet]?
- 15 D8 I prefer tablet *bas nabxi* urgent response *fala:zim ʔibra*
[I prefer tablet], but we need [urgent response], thus injection is a must.
- 16 D8 *law tikʕfli ʕalaz zaʕt witiʕmal* also *ʔil* ECG because *ʔana ʔabxi* full diagnosis
Check the blood pressure and make [also] the [ECG because] I need [full diagnosis].

Conversation 24

- 1 D38 did you hear that they want to return the double shift
- 2 D19 yes I did everyone is talking about it
- 3 D38 *ʕayyib ʔint ʔeif ra:yak*
OK. What is your opinion?
- 4 D19 *ʔana binnisbih ʔili ʕa:di ma: tifrig maʕi*
For me it is OK. It does not make difference.

- 5 D38 *ʔaywa ʔint ʕa:di liʔannak mant mitzawwij wma: ʕindak fay*
Of course it is OK for you because you are not married and you don't have anything.
- 6 D19 *ʔilla ʕindi ʔafʕa:li bas ʕa:di ʔaʔlaʕ filleil waxalliʕha*
Still I have my business but I go at night and finish everything.
- 7 D38 it is different when you are married your time is no longer yours
8 you have too many things to take care of
- 9 D19 yes maybe you are right did you put your opinion in the survey
- 10 D38 *ʔaywa katabit ʔinni ʔafazʕil dawa:m wa:ħid winʕu:f ʔeif yʕi:r*
Yes, I wrote I prefer one shift and let's see what will happen.
- 11 D19 *ʔalla yʕi:n bas*
May God ease it.

Conversation 25

- 1 V3 *N12 wein mumkin ʔala:gi ʔid dukʔ:r*
N12, where can I find the doctor?
- 2 N12 *ʕ:g upstairs*
Upstairs [upstairs].
- 3 V3 you sure
- 4 N13 no no no he is here
- 5 D21 *ʔeif muʕkila*
what is the problem
- 6 V3 I am brother of patient Ali
- 7 D21 oh *ʔinta* brother
[Oh]! You are [brother]?
- 8 V3 how his health
- 9 D21 *walla ʔilħamdu lila:h good*
In fact, thanks God [good].

Conversation 26

- 8 D18 *şindak D17 malaf patient 23*
Do you have [patient 23]’s file, D17?
- 9 D17 *walla ka:nşindi fin niža:m bas madri wein ra:h̄ fu:f yimkin maş*
I had it in the system, but I don’t know where it has gone. Check with
- 10 D18 *ṭayyib xala:ş ʔamurlak bukra ʔa:xðu*
It is OK. Shall I come tomorrow to take it?
- 11 D17 *ʔiða haşşalt ʔir report*
If you get the [report]
- 12 D18 *bas şindak şala:hiyyih tixtim şalei*
But are you authorized to seal it?
- 13 D17 *wif fi:k nisi:t I am the head here*
What is wrong with you? You forgot [I am the head here]?
- 14 D18 ah OK OK I see

Conversation 27

- 12 D17 the referral of this patient is ready but I do not know
13 if I could send it now or later
- 14 D4 OK you could discuss that with him to decide
- 15 D17 *ʔanal masʔu:l şanil waziş hina not him şaraft*
I am responsible here [not him]. You know?
- 16 D4 *ṭayyib bas la:zim tişti: xabar*
OK, but you have to inform him.
- 17 D17 sure but *lamma ʔaku:n fa:zi*
[Sure, but] when I am free.
- 18 D4 *ṭayyib ṭayyib*
OK OK
- 19 D17 take these with you if you are going to the emergency
- 20 D4 sure all
- 21 D17 *ʔafu:fak başd ʔiş şala:*
I will see you after the prayer.
- 22 D4 *ṭayyib rañ ʔaku:n fil maktab*
OK. I will be in the office.

Conversation 28

- 18 D4 *ʔams ji:til qisim ʔuma: ka:n fi: ʔilla: mumarriz wa:ħid*
Yesterday I came to the office and there was nobody except one nurse.
- 19 N12 *walla nizilna* smoking
We went down for [smoking].
- 20 D4 *ṭayyib bas la:zim tiṣṭi xabar*
OK, but you should tell.
- 21 N6 *maṣaleif duktɔ:r ʔawwal marra: maḥfi:ha*
It is OK doctor. It is the first time.
- 22 D4 *walla ʔaħna masʔu:li:n ṣanil marza ṣafa:n kiḏa la:zim yiku:n fi: ṣidda*
23 *ḥwayyih* any absences will be dealt with seriously no matter who he is
We are responsible about the patients; for this reason we should be little strict. [Any absences will be dealt with seriously no matter who he is].
- 24 N6 OK doctor we understand *la:kin ʔiṣtabirha* my mistake
[OK doctor we understand] but consider it [my mistake].
- 25 N12 *ʔa:sfi:n duktɔ:r*
We are sorry doctor.
- 26 D4 *walla ya:ʔaxi ħara:m wala mumarriz ka:n mawju:d la:kin baṣdein* no excuses
This is not possible. Not a single nurse was there, but later [no excuses].
- 27 N12 it will not happen again *ʔabfir* D4
[It will not happen again]. It is done D4.

Conversation 29

- 1 D14 I do not think that he needs admission
- 2 D12 see doctor 11 to check the availability of beds
- 3 D14 you see those people complaining that we did not look after the
4 patient properly *ʔiħna mujarrad ma: nṣu:fil mari:z bniṣtabir ʔinnu*
5 *ha:ḏa ʔaxu:na* try to get some papers
[You see those people complaining that we didn't look after the patient properly]
the moment we see the patient, we consider him our brother.[Try to get some
papers].
- 6 D12 OK OK
- 7 D14 we are *ʔiħna muslimi:n ʔu niṣrif ħagil mari:z fala: tiglagu*
8 *ʔin ja:ʔ ʔallah raħ yiku:n kwayyis*
[We are] we are Muslims and know the patient's rights so don't worry; if God

- wills, he will be OK.
 9 D12 *ha:ða niṣtabru minnaw fi:na* nice move
 We consider him as one of us. [Nice move].

Conversation 30

- 1 D25 give me him injection
 2 N6 OK OK OK
 3 V3 please see what the problem he is bad condition
 4 N6 never mind the doctor checked him
 5 D25 he is fine but needs admission
 6 V3 please doctor is he OK
 7 D25 *walla ya: zɔ:l mari:zkum kuwayyis ʔuma: fi: ʔay fay* and I will see him
 8 after the injection
 I swear, brother, your patient is good and has nothing [and will see him again after the injection].
 9 V3 thank you doctor *ʔalla yaṣṭi:k ʔil Sa:fiyih*
 [Thank you doctor]. May God bless you.

Conversation 31

- 1 D25 this is the file number I told you about
 2 D27 oh I forgot sorry my friend
 3 D25 that is fine but I just wanted to remind you about that
 4 he is my guest and he wants to perform Umrah
 5 D27 oh he is your guest and he is our guest too *ʔihna ʕarab*
 6 *ʔu niṣrafil ʔumu:r ha:ði fala: twaṣṣi* since he is in the hospital
 7 he is our guest
 [Oh he is your guest and he is our guest too] we are Arabs, and we know these things [since he is in the hospital, he is our guest].
 8 D25 *marra kari:m* Arab that is an Arab trait generosity
 [Arab]s are too generous [that is an Arab trait generosity].
 9 D27 when I take a tour I will see him
 10 D25 see how he is and notify me please
 11 D27 I will give you a call this afternoon

Conversation 32

- 14 D15 we need that diagnosis so urgently
- 15 D28 OK doctor but we are waiting for the file to be sent to you know to
16 a hospital in Jeddah
- 17 D15 which one
- 18 D28 I do not know I think Al Almani¹¹
- 19 D25 we did not find that I asked in the archive room
- 20 D15 how come you are responsible for this doctor if you do not know
21 that is not accepted
- 22 D28 OK I know I know be patient
- 23 D25 he is angry now {referring to D28}
- 24 D15 no no no *da baladiyyati ʔaʕrafu* more than you do but I am
25 the responsible person here so you have to find out as soon as possible
[No, no. No] he is my hometown fellow. I know him [more than you do, but I am
the responsible person here, so you have to find out as soon as possible].
- 26 D28 *ṭayyib ṭayyib*
OK, OK.

Conversation 33

- 1 D4 D30 I cannot take the night shift
D30 [I cannot take the night shift].
- 2 D30 well if you speak to doctor because he is the one organizing
3 shifts but why not suitable with you
- 4 D4 I have a private clinic which I have to go to between now and then
- 5 D30 I know you could speak to him if you are not happy
- 6 D4 well you could talk to him to exempt me you are *ʔal mudi:r*
7 *ʔu yaxi ʕinna ji:ra:n* and you know my situation
[Well you could talk to him to exempt me; you are] the head, and we are
neighbours, brother, [and you know my situation].
- 8 D30 but he is not here today
- 9 D4 *ṭayyib mumkin* phone call
OK. Can you make [phone call]?
- 10 D30 OK when can you take the night shift

¹¹ Almani is a big hospital in Jeddah, KSA

- 11 D4 two weeks later
 12 D30 OK I will keep that in mind and will update you
 13 D4 thank you *D30 ʔalla yaʔti:k ʔil ʕa:fiyih*
 [Thank you] D30. May God bless you.

Conversation 34

- 1 D17 did you see the new system about vacations
 2 D21 I heard about it but I think it concerns nationals
 3 D17 oh yeah but we are not happy with that we need rest
 4 D14 it is a disturbing piece of news
 5 D17 *walla yaxi ʕara:m nihta:j ʔija:za ʔaʔwal ʕinna ʔabna:ʔil balad*
 I swear, brother, this is too much. We need a longer vacation; we are citizens here.
 6 D21 what is that
 7 D14 disturbing he means
 8 D21 oh yeah it is but *ʔana fa:him ʔeif yigu:l ʔana xala:ʕ Arab bas*
 9 *na:giʕ Saudi jinsiyya*
 [Oh yeah it is, but] I understand what he is saying; I am an [Arab] but I need a [Saudi] nationality.
 10 D14 *ʔinta ʕarabi ʔaʕi:l*
 You are a genuine Arab.
 11 D28 it is different from what we have in Egypt

Conversation 35

- 1 D31 *D32 ma: ja:k ʔir* report
 D32 haven't you received the [report]?
 2 D32 *la: walla ba:gi*
 No still.
 3 D31 *ʔayyib ʔana na:zil jedda*
 OK. I am going tomorrow to Jeddah.
 4 D32 *ʕari:ba ʔeif ʕindak ʔiʕa:da tinzil yɔ:m ʔil xami:s*
 It is strange. What do you have there? Usually you go on Thursday.
 5 D31 *walla bukra muba:ra:til ʔahli zay mant ʕa:rif ʔu yimkin ʔaʕzarha*
 Tomorrow is Al-Ahli match, as you know, and I may go to watch it.

- 6 D32 *ṭayyib mata ra:yiḥ*
OK. When are you going?
- 7 D31 *walla ḡiḥtima:l ḡanzil mnuz zuhur yaḡni ma:fi ḡis sa:ḡa waḥdih*
8 *ḡafa:n kiḡa gultlak*
It is possible that I go at noon which means I am going at one o'clock that is why I am telling you.
- 9 D32 we will have many patients tomorrow
- 10 D31 *wif ḡafham yaḡni*
What shall I understand?
- 11 D32 you have to be here
- 12 D31 please *tikfa* D32
[Please]. Please D32.
- 13 D32 no way *la: walla maḡaleif ḡuḡzurni*
[No way]. No I cannot. Excuse me.
- 14 D31 *ṭayyib baḡdein nitfa:ham*
OK later we will talk about it.

Conversation 36

- 1 N6 *malleina mnif fuḡul kul ya:m muḡa:mala:t jadi:da*
We got bored from this work; everyday new files.
- 2 N9 *ṭayyib ḡinta xaleitif fuḡul yitra:kam*
OK. You made the work pending.
- 3 N6 *ṭayyib mumkin ta:xuḡ ḡil ḡawra:q ḡilli fa:gil maktab tara xallaḡna*
4 *minhum bas yiḥta:ju:n tarti:b*
OK. Can you take the papers over the desk? By the way, they are ready, but they need to be arranged.
- 5 N9 I cannot accept them this way please *ḡa:wil ḡinnak* reorganize them
[I cannot accept them this way please] you try to [reorganize them].
- 6 N6 *ṭayyib ṭayyib bas ma: raḡ tku:n ḡil ya:m*
OK OK, but this is not going to happen today.
- 7 N9 important to classify them properly
- 8 N6 Ok OK OK

Conversation 37

- 9 D2 *ḡasala:mu ḡalaykum* E2 *keifif fuḡul maḡak*
Salaam E2 how is your work?
- 10 E2 *walla:hi tama:m*
Fine.
- 11 D2 *ṭayyib xallaḡt taḡwi:lil mari:z*

- OK. Have you finished the transfer of the patient?
- 12 E2 *la: walla ba:gi*
No. still.
- 13 D2 *ša:rlak yɔ:mein winta ma: xallašt* no more delay tomorrow at most finished
For two days you have not finished [no more delay. Tomorrow at most finished].
- 14 E2 *no ʔinfa:lla ʔil yɔ:m*
[No], if God wills, today.
- 15 D2 *ʔiða xallaštu ʔirsilu ʔala: maktabi*
If you finish it, send it to my office.
- 16 E2 *OK ʔayyib ʔabfir*
[OK]. OK sure.

Conversation 38

- 1 D4 *ʔams maʕ ʔinnu maʕi taʕri:h bas ma: samaħu:li ʔadxul maʕil bawwa:ba*
Yesterday, although I have permission, they didn't allow me to enter from the gate.
- 2 D11 *ʔayyib ka:n fi: sticker*
OK. Was there a [sticker]?
- 3 D4 *ʔi: walla bas ka:n yigu:l walla ha:ða xa:rjid dawa:m*
Yes, but he said that this is outside the working hours.
- 4 D11 *ʕiklu ma: yiʕrafak ʔil ħa:ris*
It seems that the gate keeper does not know you.
- 5 D4 *la: liʔanni ʕayyaħt ʕalei*
No. it was because I shouted at him.
- 6 D11 *ʔayyib ʔeif ʕa:r baʕdein*
OK. What happened then?
- 7 D4 *walla rajaʕt liʔanni kunt mistaʕil* what do you think doctor
8 do you accept that {looking at D33}
I returned back because I was in hurry [what do you think doctor, do you accept that]?
- 9 D33 I do not know what you are talking about
- 10 D4 that is why I used English we are talking about a strange situation
11 which happened yesterday the security man did not allow me to

- 12 access the hospital by my car
 13 D33 oh yesterday why is that
 14 D4 as I said he was serious but anyway I managed to get in
 15 D33 that is brilliant anyway it was sorted out

Conversation 39

- 1 D2 we need careful planning for organizing files
 2 D28 you could speak to the doctor to plan that with him
 3 D2 there are so many nurses who are ready to help
 4 and they are free at certain times
 5 D28 maybe we have others at the nursing departments
 6 D2 OK I will write a circulation to be sent to all departments
 7 that we need some help
 8 D28 OK that should be so quickly
 9 D2 *ʔint ʕa:rif ʔinnu kul ʔilli kunna nitkallam fi:h ka:n ʕanir* reports {looking at N1}
 Do you know that all what we were talking about was about the [reports]?
 10 N1 OK OK OK
 11 D2 *raḥ yiwʕalkum taʕmi:m bkiḏa*
 You will receive a circulation about this.
 12 D2 just try to remind the doctor about room 46
 13 D28 he is upstairs
 14 D2 he should be there

Conversation 40

- 1 D4 hello doctor the letter is ready but it needs to be stamped
 2 D30 OK I will take it later on
 3 D4 we have a patient in room 32 who needs to be moved
 4 to another bigger room
 5 D30 we always receive such complaints
 6 D4 OK if there is availability that will be done
 7 D30 so I need to check that with the nursing station in floor 4 {looking at V1}
 8 *ya: V1 tara mawzu:ʕak ba:gi ma: xallaʕ ʔuma: tkallamna fi:h*
 [So I need to check that with the nursing station in floor 4]. By the way, Sami,
 your issue is not finished yet and we have not talked about it.
 9 V1 *la: la: ʔukei mu: muʕkila*
 No no. It is OK. No problem.

Conversation 41

- 1 N17 *ʔil mi:za:niyyah ʃiftha ʔilba:riħ walla ʔarqa:m kibi:ra*
I saw the budget yesterday. Big numbers.
- 2 N18 *walla ma:zin raħ yiji:k minha ʃay ma: ʃiftha ʔilba:riħ bas smiʃit*
I think nothing will come to you from it. I didn't see it yesterday, but I heard that.
- 3 N19 *tʃaddig ʔini ʃiħħa θa:ni ʔakbar mi:za:niyyah baʃdit taʃli:m*
Do you believe that health has the second largest budget after education?
- 4 D31 *basiz ziya:da btijiy lad daka:trih bas*
But the raise comes to doctors only.
- 5 N19 *ħinna ʔilli niʃsab wid daka:trih hum ʔilli yuʔumru:n bas*
We work and doctors give commands only.
- 6 D31 *walla tista:halu:n ʔiz ziya:da xallu:na nʃu:f D2* they are talking about
7 the budget it is so huge this year and they are aspiring for an
8 increase in the salary pattern
You deserve the raise. Let us see D6. [They are talking about the budget. It is so huge this year and they are aspiring for an increase in the salary pattern].
- 9 D6 well we all hope for that but doctors need that more than others @ @
- 10 N18 we have less money than you
- 11 N17 *ʔil mi:za:niyyah* is big
The budget [is big].
- 12 D6 what is that
- 13 D31 @ @ he means the budget is so massive
- 14 D6 oh I see it is 12 I got to go
- 15 N19 *mi:za:niyyah*
Budget
- 16 N17 @@ *ʔayyib maʃrif wiʃ maʃna:ha*
OK. I don't know its meaning.
- 17 N18 *wallaʃ ʃara:ħa ʃaʃbis suwa:lif bil ʔingleizi fiʔumu:r* not medical
In fact it is difficult to talk in English about things that are [not medical].
- 18 N17 *walla ʔinnak ʃa:dig*

- By Allah you are right.
- 19 N19 *ṭayyib la:zim tiṭawru:n luṣratkum wila la: ya: D1*
OK. You should develop your language. Am I wrong D1?
- 20 D31 *ʔiṣ ʃara:ħa ʃay ʒaru:ri ʔistixda:m ʔil ʔingleizi hina willa ʃaʃbit taʃa:mul*
21 *bdu:n ʔingleizi fil mustaʃa*
In fact, using English here is necessary otherwise it is difficult to deal with people in the hospital without English
- 22 N17 *ʔagu:l ya: zeinil markiz bas*
I say the centre is very nice.
- 23 D31 *walla ha:ḏat tafki:r tara ʔalaṭ bil ʃaks ʔil mustaʃa ʔiṭawrak ʔaħsan*
This is a wrong way of thinking. It is the opposite; the hospital develops you better.
- 24 N19 *ṭayyib let us go N18*
OK. [Let's go] N18
- 25 N18 *yalla nfu:ʃak duktɔ:r*
OK will see you doctor
- 26 D31 OK see you

Conversation 42

21. N20 yes doctor welcome
22. D7 *fi: zawjti ʃindha* delivery *ʔudaxalat ʃa:rilha sabiʃ sa:ʃa:t bas ʔabʔa ʔasawwi* check
My wife has a [delivery]. She has been inside for seven hours. I want to [check].
23. N20 her name please
24. D7 Marwa Sadeq
25. N20 full name please
26. D7 Marwa Sadeq Refaai
27. N20 I do not read Arabic very well sorry @
28. D7 *yaxi mniʃ ʃubuħ badug ʃaleihum ma: ħada birud*
Brother, since morning I am ringing and nobody replies
29. N20 it is so crowded man just calm down
30. D7 *walla yaxi ʃay biṭaffiʃ yaʃni mniʃ ʃubuħ ʔukama:n ʔana kunt ʃ:g*
31. *ʔuga:lu:li raħ nittiʃil fi:k wein ra:ħ mħammad¹²*

¹² It is a tradition in KSA and even in other Gulf Countries to call a person Mohammad if you don't know his real name because it is one of the most popular names in Gulf countries.

- Brother, it something disappointing; since morning I was also upstairs and they told me that they will call you. Where did Mohammad go?
32. N20 he is coming do not worry
33. D7 *ma: ħada birud*
Nobody answers?
34. N20 no answer mate
35. E4 *ʔahuh ʔahlein dukto:r walla ʔittaʔalt fi:hum gabl fway ʔuba:gi*
36. *yaxi leif galga:n ʔinta gult mujarrad ma: yfarrif baby raħ*
37. *ʔabalħak ʔin ja:ʔ ʔalla:h*
Here he is. Welcome doctor. I called them a while ago. Brother, why are you worried? The moment the [baby] comes, I will tell you if Allah wills.
38. D7 *yaxi ʔinta ʕa:rif la:zim ʔilwa:ħad yiglag xa:ʕa ʔinha* operation
You know brother, one should be worried especially it is [operation].
39. N20 oh operation I see now
40. D7 *ʔayyib ʔismaʕ ʔana baṭlaʕ ʔuʔawwal ma: yji:k xabar kallimni ʕal* mobile
OK. Listen, I will leave and the moment you get the news call me on the [mobile].
41. E4 *ʔabfir ʔabfir dukto:r ʔumaʕaleif ʔuʕḏurna*
OK. OK doctor and accept my apologies.

Conversation 43

- 1 D24 *ʔizzayyak ja: rayyis*
How are you, boss?
- 2 D35 *fine lilla:ħil ħamd ʔadi:na bniftaxal I like it mata ʔil vacation bita:ʕak*
[Fine]. Praise be to Allah. I am working [I like it]. @@ when is your [vacation]?
- 3 D24 *gari:b ʔinfa:lla not so far*
Near, if Allah wills. [Not so far].
- 4 D35 *ħatiwħafna really*
We will miss you [really].
- 5 D24 *kullaha ʔusbu:ʕein wi I will be here dilwa?ti ʔizza:y your patient*
It is only two weeks and [I will be here]. How is [your patient] now?
- 6 D35 *ħaltu wallahi not stable maṭ ṭamminfi ʔabadan*
His condition is [not stable].
- 7 D24 *min ʔimta*
Since when?
- 8 D35 *early morning*

- 9 D24 hope he get better
- 10 D35 I hope so
- 11 D24 *ʔimtas safar*
When is the departure?
- 12 D35 *ʔurayyib fiddi ʔheilak*
Near. Take care.
- 13 D24 *nifʔ:fak maʔa ʔalfi sala:ma*
See you. Goodbye.
- 14 D35 thank you *rabbina yxalli:k*
[Thank you]. May God protect you.

Conversation 44

- 1 D36 doctor 37 you see that the one who needs dialysis is diabetic
- 2 I saw him before
- 3 D37 which one the one you dealt with yesterday
- 4 D36 @ @ how you noticed that *ma:falla ʔaleik*
[How you noticed that] Allah wills.
- 5 D37 well I saw the way he walks and had a look at his record
- 6 D36 oh I see I gave him some tablets to ease the pain he has in his leg
- 7 also he has acute allergy
- 8 D37 what you prescribed is good for such case D36 well maybe but he has
- 9 blood pressure also hopefully he would be better soon allergy to some
- 10 medicines is something which is common among old patients
- 11 D36 *ʔatafiq maʔak xa:ʕah maʔal ʔaʔfa:l wikba:ris sin willi ʔakʔθar min kiða*
- 12 *lamma yiku:n ʔil* patient diabetic *ʔaw ʔindah* high blood pressure
I agree with you especially with children and old people and more than this is
when the [patient diabetic] or has [high blood pressure].
- 13 D37 *ʕadagit ʔuwbarzu lamma yiku:n yisawwi* dialysis *kul yɔ:m yiʕi:r*
- 14 *ʔit taʔa:mul maʔu jiddan ʕaʕb*
You are right. Also when he makes [dialysis], it becomes more and more difficult

to deal with him.

D36 *ʔaki:d (.) ma: ji:t ði:k ʔil leila*

Absolutely. You didn't come that night.

16 D37 *ʔa: leilitiθ θulaθa:ʔ walla ði:k ʔil leila kunt marra mafɤu:l walla*

17 *kunt na:wi ʔajiy keif ka:n ʔil ʕafa*

By the way, that Tuesday night I was planning to come but I was busy. How was it?

18 D36 *walla sahra ħulwa ka:nat fa:tatak ʔiṯ ʔa:yrih kassarna ru:shum*

In fact it was nice. You missed the volleyball game. We broke their heads.

19 D37 @@ yes nurse I need some papers for prescriptions

Conversation 45

14. D31 *walla X ʕa:r ʕalei car accident ʔil yɔ:m fa ma: zanneit ʔinnu yda:wim bukra*

In fact X made a [car accident] today. I think he will not come tomorrow.

15. D32 *ṯayyib bas ʔil ʔa:n keifu*

OK, but how is he now?

16. D31 *la: ʔil ħamdu lilla:h basiz ʔa:hir ʕindu xaliṯ fil kitif ka:n ʔawwal ʕindu*

17. *internal bleeding bas ʔil ħamdu lilla:h twaggaf wiṣa:r under control*

Praise be to Allah. But it seems that he has dislocation in the shoulder. Earlier he had [internal bleeding] but, praise be to Allah, it stopped and became [under control].

18. D32 *ʔil ħamdu lilla:h ʔallah yiffi:h wiṣa:fi:h*

Praise be to Allah. May Allah give him recovery and relief.

19. D31 *ṯayyib bas la:zim nfu:f ʔay ʔaħad yisawwi complete cover the whole day*

OK, but we have to find anyone who can make [complete cover the whole day].

20. D32 *bukra mumkin nfu:fil waziṯ fil meeting room*

Tomorrow, we may see the situation in the [meeting room].

21. D31 D33 tomorrow would you please come to my office early in the morning

22. D33 why anything serious

23. D31 no no no routine meeting

24. D33 *ṯayyib OK gablis signature*

OK. [OK] before the [signature].

25. D31 *la: sawwi signature baʕdein taʕa:l*
No. Make [signature] then come.
26. D33 *xala:ʕ ʔabfir D31*
Done. Sure D31.

Conversation 46

1. D13 I do not know where exactly I put it
2. D39 maybe it is over there
3. D38 hello doctor Aref hello everyone
4. D40 hi nice to meet you
5. D10 nice to meet you
6. D39 nice to meet you too
7. D10 oh pleasure pleasure {They are shaking hands}
8. D40 *za:ts* great to meet you
That is [great to meet you].
9. D38 here is our new colleague Sameer from King Faisal Hospital from
10. Riyadh he is going to join you this week as a consultant
11. D13 oh good
12. D39 fantastic
13. D10 nice surprise *wallahi di: feiʔ gami:l*
[Nice surprise] in fact this is something nice.
14. D40 *ʔana ʔilli tʕarraft ya: si:di*
The pleasure is mine, sir.
15. D10 *ʕandak ʕaħibna* doctor Aref doctor Sidiqi
Here is our friend [doctor Aref, doctor sidiqi].
16. D40 nice to meet them
17. D10 *tʕaddal ʔaxdak maʕa:ya tour ʕalal qism*
I will take you with me in a [tour] on the department.
18. D40 why not *gami:l*
[Why not]? Nice.

Conversation 47

- 23 V3 *sala:mu ṣalaykum*
Salaam.
- 24 E4 *waṣalaykumis sala:m waraḥmatul la:hi wabaraka:tu*
Salaam.
- 25 V3 can I ask about my wife
- 26 E4 *hala* brother
Welcome [brother].
- 27 E4 *ma: fi:* speak Arabic
You cannot [Speak Arabic]?
- 28 V3 I need to talk to Dr X
- 29 E4 no English
- 30 V3 Dr X is here or not do you understand me
- 31 E4 brother number
- 32 V3 OK just a moment this is his number
- 33 E4 OK {calling} off brother
- 34 V3 do you know where his office is
- 35 E4 what again
- 36 V3 *maktab maktab*
Office, office.
- 37 E4 how *maktab ?ana ma: yiṣraf*
[How] office? I don't know.
- 38 V3 OK who is in charge here
- 39 E4 brother see *ha:ḏa mudī:r*
[Brother, see] this is the boss.
- 40 V3 oh cool thanks brother
{The conversation continues after 20 minutes }
- 41 E5 *ṭayyib E4 ju:f ?iḏa ṣa:r ?ilha* delivery *willa ba:gi*
OK. E4 see if made [delivery] or not?
- 42 E4 *ṭayyib E5 ?abfir* OK brother {calling}
OK E5. Don't worry. [OK brother].
- 43 E4 *ju:fi billa:h Raza ?iḏa ja: mawlu:d willa ba:gi bint* girl brother
See, please, if Raza has delivered the baby or not? Girl [girl, brother].
- 44 V3 *lila:h ?il ḥamd*
Praise be to God.

Conversation 48

- 1 D18 will you join us to the meeting

- 2 D34 I do not think so I have some commitments
3 D34 *ma: biymfil ħa:l yɔ:m ʔuθ θula:θa:ʔ*
Not possible to make it on Tuesday?
4 D18 *walla:hi* not suitable and we cannot change it
In fact, [not suitable and we cannot change it].
5 D34 OK so no
6 D18 *ṭayyib tiṣṭifil*
OK. As you like.
7 D34 @@ *ħilwa minnak*
Nice of you.
8 D18 *ʕam baħki su:ri*
I am speaking Syrian.
9 D34 *xala:ʕ ʔiða xallaʕt badri raħ ʔaji:kum*
OK. If I finish early, I will come to you.
10 D18 *kul ha:ða ʕafa:n kilmit tiṣṭifil ʔaʕjabatak kθi:r @*
All of this because of the word ‘tistifil’ (as you like). You much like it.
11 D34 *ðakkartni bsu:rya*
It reminds me with Syria.
12 D18 *ṭayyib will call you later*
OK. [Will call you later].
13 D34 *ma:ʕi ma:ʕi*
OK. OK.

Conversation 49

- 1 N6 see the referral on your desk doctor
2 D41 OK I will have a look but give to doctor to complete it
3 N6 I will but er
4 D41 if you finish that early it would be good
5 N6 OK I see but I need a break
6 D41 first try to get that done before you leave and then
7 we will talk about the break
8 N6 thank you D41 *walla ʔana ʔaħibak barfa*
[Thank you D41]. In fact, I like you a lot.
9 D41 @@ *barfa barfa*
A lot, a lot.
10 N6 @@

Conversation 50

- 1 D1 see the file there it is ready
 2 D19 did D3 see the file
 3 N4 no not yet
 4 D3 you have to notify him
 5 N4 I will but later I am so busy right now
 6 D3 but you have to send it to my office tomorrow
 7 N4 after tomorrow please
 8 D3 why it is too late after tomorrow
 9 N4 I have a lot of pending things *ya: leit baʃd bukra*
 [I have a lot of pending things]. I wish it be the day after tomorrow.
 10 D3 OK but no later than afternoon
 11 N4 OK *?inta tu?mur ya: ba:ʃa*
 [OK]. It is an order, boss.

Conversation 51

- 1 D12 are discharge procedures finished
 2 D4 check that with N21
 3 D12 where is he now
 4 D4 over there on the other room.
 5 N21 hello doctor
 6 D12 are you done with discharge for patient 249
 7 N21 *walla:hi* not yet
 In fact, [not yet].
 8 D12 it is necessarily to be done quite soon
 9 D4 please do it as soon as possible *lak fu: ha:z ya: zalama ʃajjil ʃway @@*
 [Please do it as soon as possible]. What is this man! Hurry up.
 10 N21 it will be finished within an hour *?abfir ?abfir*
 [It will be finished within an hour]. Don't worry. Don't worry.

Conversation 52

- 1 D38 *keifak ?al?a:n*
 How are you now?
 2 P1 *walla taʃba:n ya: duktɔ:r ya: leit ?ibrih thaddi ?ilmaʃ*
 In fact I am tired doctor. I need an injection that calms my colic, please.
 3 D38 nurse prepare Voltareen injection
 4 N4 he wants D3 to see him
 5 D3 I will see him *bas maʃ basi:ta ?infa: ?alla:h ?il mari:z da baladiyyati*
 take care of him

[I will see him] only colic? It is simple God willing. This patient is my home fellow [take care of him].

7 D38 OK I will check him

{D3 switched to Arabic to let the patient understand and to make him feel relaxed}

Conversation 53

- 1 D25 nurse can you complete this form
2 N4 the one which is over there
3 D25 yeah
4 N4 OK OK right
5 D3 I did check that patient he is diabetic and has blood pressure
6 N4 *D25 fu:f mari:z* bed five
D25. See patient [bed five].
7 D25 see this patient D39 *fu:fiz zɔ:l ha:ða fu: ſindu*
[See this patient D39]. See this friend what he has.
8 D39 bed five you mean yes *?if muʃkila* brother
[Bed five you mean. Yes], what is the problem [brother]?
9 V1 *sala:mu ʃalaykum mumkin duktɔ:r Daron*
Salaam. May I see doctor Daron.
10 D25 *walla Daron ?if shift ʃaggu biku:n ?il ʃaʃir miʃ ?il?a:n ?ana ʃa:yfak ?i? ʃa:lif*
11 *fiyya ʃfakkru ?innu ?ana* because I am black *ʃaʃa:nni ?aswad yaʃni @@*
In fact Daron's shift is in the afternoon not now. I see you looking at me. Do you think that I am he? [Because I am black] because I am black I mean.
12 V1 *la: mu: kiða duktɔ:r @@*
No. Not like that doctor.
13 D25 *ʃal ʃumu:m huwwa biya:ji ?il ʃaʃir*
However, he comes afternoon.
14 V1 *ʃayyib ʃukran duktɔ:r yaʃti:k ?il ʃa:fiyih* {they call of the Saudi visitor}
OK. Thank you doctor. May God bless you.
15 D25 *ʃayyib keif ʃaklu huwwa ʃawi:l fi: wa:ħid bas madri ?iða huwwa*
16 *walla ha:ða yitkallam ʃarabi ʃaʃi:h*
OK. How does he look? Is he tall? There is someone but I don't know whether it is he. This speaks standard Arabic.
17 V1 *ma: yitkallam ʃarabi mkassar*
He does not speak Arabic. Broken.
18 D25 *?abafu:f ?abas?ala*
Let me ask him and see.

Conversation 54

- 1 N6 *fu:f ha:ða* patient
See this [patient].
- 2 D1 *sala:mat* brother *ʔeif muʃkila*
Stay healthy [brother]. What is the problem?
- 3 V2 *ha:ða garaʃu* insect
An [insect] stung him.
- 4 D1 what *ma fi: maʃlu:m* but what kind of insect
[What]? You don't know? [But what kind of insect]?
- 5 N6 *ha:ða yjilis ʃind mɔ:ya baʃdein* yiji insect and sting
He sat near some water then [an insect] came [and sting].
- 6 D1 oh I see *yaʃni* bee
[Oh! I see]. It is a [bee].
- 7 V2 yeah exactly bee
- 8 D1 well you are sure it is bee
- 9 N6 *ʔa: ha:ða fi:* bee sting
Yes, there is a [bee sting].
- 10 D1 come N6 and see if it is bee or not talk to the patient
- 11 N6 *ʔeif ʃina ʔeif ʃa:r maʃu*
What does he have? What has happened to him?
- 12 V2 *walla ka:n ja:lis ʃindil mɔ:ya ʔubaʃdein garaʃu nɔ:ʃ minil ʃafara:t*
13 *bas maʃrif ʔeif huwwa*
In fact he was sitting near some water and then a kind of insect him, but I don't know what it is.
- 14 N6 *ʔayyib ʔinta fuft ʔil* insect
OK. Did you see the [insect]?
- 15 V2 *la: walla bas ʔatwaqaʃ ʔinha min ʔanwa:ʃin naʃil ʔal kibi:r*
In fact no, but I think it is a kind of large bees.
{The nurse is talking to the patient}
- 16 N6 *salama:t ma: tʃu:f far fuft ʔilli garaʃak ʔeif huwwa*
Stay healthy. You may not see any evil. Have you seen what stung you? What is it?
- 17 P1 *la: bas ʔazinnu min nɔ:ʃin naʃil ʔal kibi:r*
No. But I think it is one kind of large bees.
- 18 N6 yes doctor he says it is a kind of large bees
- 19 N6 maybe *dabbu:r*
[Maybe] wasp.
- 20 D1 what is that
- 21 N6 I do not know its meaning in English but *D4 ʔeif maʃna dabbu:r*
22 *bil ʔangaleizi*
[I don't know its meaning in English but] dr. Khalid what is the meaning of wasp in English?
- 23 D4 *walla:hi ʔazin* I have come across such a word *bas ma:ni mitðakkir*
24 *biʒ zabʔ ʃa:di ʔiʃmallu* allergy test *ʔa:lama ʃa:ltu* not an emergency
25 case *xala:ʃ baʃdein ʔana raʃ ʔaʃraʃ lid dukʔ:r* what kind of insects it
26 is and I am sure he will know yes D1 it is a kind of flying insects

- 27 which sting it is larger than a bee
In fact I think [I have come across such a word] but I cannot remember exactly. It is simple. Make for him an [allergy test] since his case is [not an emergency case]. OK, latter I will explain to the doctor [what kind of insects it is and I am sure he will know. Yes D1. It is a kind of flying insects which sting; it is larger than a bee].
- 28 D1 maybe it is a wasp
- 29 D4 yeah yeah wasp
- 30 N6 *ʔaywa biʔ zabt* wasp
Yes, yes exactly [wasp].
- 31 N6 *xala:ʂ ʂirifna:* wasp
OK. We have known it [wasp].
- 32 D4 *tara ʕatta walaw ʔil* sting *ʔa:lama ʔin ʔil mari:ʔ ma:yʕis biʔay tanammul ʔu*
33 *ma: fi: ʔay* swelling *yaʕni tawarrum ʔaki:d ʔinha bitku:n garʂa ʕa:diyyi*
By the way, even if there is a sting, if the patient does not feel any numbness and there is no [swelling] that means swelling. It will be a simple sting for sure.
- 34 D1 *la: ʔfi:l ham basi:ʔa ʔin ʕa:ʔ ʔalla:*
Don't worry. It is simple God willing.
- 35 D4 what do you think D1
- 36 D1 well I think his condition is stable *ma: fi: xɔ:f* five minutes and he will be OK
[Well. I think his condition is stable]. No worries [five minutes and he will be OK].

Conversation 55

- 9 D4 *hala D9 weiniʕ faba:b ma: jaw maʕa:k*
Welcome D9. Where are the guys? Didn't they come with you?
- 10 D9 *walla jayyi:n fiʔ ʔari:g bas biji:bu:n maʕhum ʔil ba:rid*
In fact they are on the way but they are bringing the soft drinks.
- 11 D9 *tara X yiʕtiðir ʔarsalli risa:la ʕal* whats
By the way X apologizes he sent me a message on [Whats]App.
- 12 D4 *leif ʕari:ba walla ʔil yɔ:m gabaltuw ga:l ʔinnu raʕ yiji*
Why? Strange. In fact today I saw him. He said that he is coming.
- 13 D4 *yigu:l ʕindu* severe diarrhea
He says he has [severe diarrhea].
- 14 D9 *oh ʕiklha nazla maʕawiyya*
[Oh!]. It seems a stomach problem.
- 15 D4 *ʔayyib xalli:ni ʔadxul ʔasallim*
OK. Let me go inside to make greeting.
- 16 D9 *ʕayya:k ʕayya:k*
Welcome. Welcome.

Conversation 56

- 14 D8 oh D21 how are you
 15 D21 fine *lila:hil ħamd*
 [Fine]. Praise be to Allah.
 16 D43 *keifak D21*
 How are you, D21?
 17 D21 I am *ʔal ħamdu lila:h* and you
 [I am]. Praise be to Allah, [and you]?
 18 D43 *tama:m lila:hil ħamd*
 Well. Praise be to Allah
 19 D21 *fa: ʔagullak dukto:r ʔinnu ʂaʂb ʔinnak ta:xuð ʔil board ʔil biriṭa:ni ʔilla*
 20 *ʔinnak thazzirlu mazbu:t*
 I am saying that it is difficult to pass the British [board] unless you prepare very
 well, doctor.
 21 D8 *hum ʔisawwu:n* preparation exam just in case
 Do they make [preparation exam, just in case]?
 22 D21 *walla mu: mitʔakid bas basʔallak*
 In fact, I am not sure, but I will ask for you.
 23 D8 *billa:hi ʔitʔakid ʔu ʂu:f*
 Make sure, please and see.
 24 D8 *ʔil yɔ:m ka:m fi:* horrible car accident *ʔu ʔarsalu* some cases here
 Today there was a [horrible car accident]; they sent [some cases here].
 25 D21 *wein ħaʂal ʔil* accident
 Where did the [accident] take place?
 26 D8 *walla ʔazin ʔari:g ʔil hada*
 I think in the Hada¹³ Road.
 27 D1 hello guys did you see D8 oh *ʔahlein D8 ʔalf mabru:k ʂat tarqiya*
 [Hello guys. Did you see D8? Oh!] Welcome D8 congratulations for the
 promotion.
 28 D8 oh the promotion *ʔalla: yba:rik fi:k*
 [Oh! The promotion]. God bless you.
 29 D43 *mabru:k D8 ma: ʂa:ʔ ʔalla: tista:hal*
 Congratulations D8. Very nice. You deserve it.
 30 D21 *mabru:k mabru:k* for the promotion I have just known *ʔalf mabru:k*
 Congratulations. Congratulations [for the promotion; I have just known].
 Congratulations.
 31 D8 many thanks D21
 32 D43 *ṭayyib mata*
 OK. When?
 33 D8 right *walla:hi* two days ago I received a letter from the head

¹³ Hada is a place in Taif

- [Right]. In fact, [two days ago I received a letter from the head].
- 34 D43 *walla kwayyis*
It is nice, I swear.
- 35 D1 good news D21 is not it
- 36 D21 *ma: fa:? ʔalla: ʔalf mabru:k* {saying that while leaving}
God willing, congratulations
- 37 D1 *ʔayyib mata ʔil ʕafwa D8*
OK. When will be the dinner, D8?
- 38 D8 *ya: rijja:l ʔil ʔa:n kullu ʕal warag ʔis Saudi board ʔiṭawwil fway*
Oh man, it is all on papers now. The [Saudi board] takes long time.
- 39 D1 *ʔayyib fu:f ʔil Arabic board*
OK. See the [Arabic board].
- 40 D43 *ʔayyib ʔil mawzu:f ḏa yiḥta:j jalsa xallu:na nijtamiṣ winfu:f*
OK. This issue needs discussion. Let us meet and see.
- 41 D1 OK let us pray

Conversation 57

- 10 D3 yes D2 have a seat
- 11 D2 hello guys you are fine
- 12 D6 *ʔal ḥamdu lilla:*
Praise be to Allah.
- 13 D6 *keif bzu:ra fi: maṣir*
How are the children in Egypt?
- 14 D2 *walla: ʔal ḥamdu lilla: bas ʔinta fa:yif ʔil waziṣ kul yɔ:m fi: clashes ʔu killing*
In fact, good but the situation is, as you see, every day there are [clashes] and [killing].
- 15 D3 *walla:hi* this is not a good sign
I swear. [This is not a good sign].
- 16 D6 that is certainly what comes after any revolution
- 17 D3 *ʔin fa:? ʔalla: fi: ʔistiqra:r gari:b*
God willing there will be stability soon.
- 18 D2 *ya: rab ya: rab*
Oh Allah. Oh Allah.
- 19 D6 you must make *duṣa:?* every day
[You must make] prayer [every day].
- 20 D2 we all Muslims so we all should make *duṣa:?*
[We all Muslims, so we all should make] prayer.
- 21 D6 *ha:ḏa fi: masjid kul yɔ:m duṣa:? lamaṣir*
There is a mosque that makes prayer for Egypt every day.
- 22 D2 *jaza:h ʔalla: xeir walla:hi niḥta:j duṣa:?*

- God bless him. We need prayer, I swear.
- 23 D2 do you have operations today D6
- 24 D6 no only on Wednesday
- 25 D3 that is good because the weekends follow
- 26 D2 yeah that is true I think it is so a hectic day for anyone
- 27 D6 I have to sleep early the night before and stay on full alert the other day
- 28 D2 I need to go now
- 29 D3 me too

Conversation 58

- 1 D19 N7 just check the blood pressure his temperature is 37.4 right
- 2 N7 I did it is 90 over 140
- 3 D19 just write that in his file N1 *ʔiða btiṭlaʃ bawaʃʃi:k*
[Just write that in his file]. N1, if you are going out, I need something.
- 4 N1 *ṭayyib bas fwayyih ʔa:mirni*
OK. Just a moment. Tell me.
- 5 D19 *walla:hi ʔin ra:si marra mtaʃʃibni widdi bka:sat fa:y*
In fact my head is making me tired. I need a glass of tea.
- 6 N7 *ʔana ʔa:liʃ D18*
I am going out D18.
- 7 D18 *ʔal ʔa:n*
Now?
- 8 N7 *ʔaywa ʔyawa*
Yes, yes.
- 9 D18 what is wrong with you D19 so tired you look
- 10 D19 acute headache cannot concentrate
- 11 N7 *yalla: D19 ʔana ʔa:liʃ ʔa:mirni*
Ok D19. I am going out. Tell me.
- 12 D19 *ʔei ʔalla ywafgak wa:ħad fa:y sukkar maḏbu:ṭ*
Yes. If you please, one tea extra sugar.
- 13 N7 *ṭayyib* yes doctor what do you want me to bring you
OK. [Yes doctor, what do you want me to bring you]?
- 14 D18 well please *mumkin wa:ħad fa:y wiθnein mɔ:ya* cold if you please
- 15 *maʃaleif yaʃṭi:k ʔil ʃa:fiyih*
[Well. Please], is it possible to bring one tea and two bottles of water? [Cold, if you please]. If you please, God bless you.
- 16 N7 no no it is OK
- 17 D18 *mata tiji ʔinʃa:lla*
When will you come, God willing?

- 18 N7 *mumkin* half an hour
Maybe [half an hour].
- 19 D19 OK *bas ħa:wil ?itʕajjil*
[OK], but try to be fast.
- 20 D18 *ji:b* Panadol tablets *la* D19
Bring [Panadol tablets] for D19.

Conversation 59

- 1 D30 D34 can I have brief update on Mr Ahmed progress please
- 2 D34 the wound is healing and no sign of infection I suggest we
- 3 continue with antibiotics and surgical appointments if necessary
- 4 D30 why are you considering surgical appointments if wound is healing
- 5 D34 I would only consider this if there is any risk of sepsis
- 6 D30 well spotted D34 I would like you to monitor Mr Ahmed until full
- 7 recovery and also order one more CT scan for me to inspect
- 8 D34 OK I will do that by the way he was asking if he can be discharged early
- 9 D30 *la: ma: nigdar ?alein manit?akkad*
No, we cannot until we make sure.
- 10 D34 *?aywa gultlu bas hu: ma: yħibil mustaffaya:t ?uyibra yku:n fibeitu fi:*
- 11 *?asraħ waqt*
Yes, I told him, but he does not like hospitals and wants to be at his home as soon
as possible.
- 12 D30 *ħatta ?ana: ma:ħibil mustaffaya:t bas subħa:n ?alla:h min ŕifri:n sana*
- 13 *fi:ha @@*
Even me I don't like hospitals but I am in them since twenty years.
- 14 D34 *ša:dig walla*
You are right.

Conversation 60

- 1 N9 *simišt ŕanil* smart medicine
Have you heard about the [smart medicine]?
- 2 N7 *la: ?eif yaħni*

- No. what is that?
- 3 N9 *ʔal ʔadwiyad ʔakiyya ya: rija:l ʔa:ja xa:ra*
The smart medicine, man it is something dangerous.
- 4 N7 *ʔeifʔ fay ʔil xa:ra ʔilli fi:ha*
What is the danger in them?
- 5 N9 it is a pill that once you eat it will go in your stomach and send
6 information to the patch
- 7 N7 sounds cool
- 8 N9 yes and the patch is connected to the smart phone which will give
9 information to the patient and his doctor
- 10 N7 really which kind of information
- 11 N9 sleeping patterns movement and it tells if the patient took his medicine
- 12 N7 wow that sounds amazing
- 13 N9 *ʔaywa ʔatmanna ʔinhum yiji:bu:ha ʔindana*
Yes, I wish they bring it here.
- 14 N7 *walla min jad ʔaysa:ʔid kʔi:r*
In fact, really it will help a lot.
- 15 N9 *ʔaki:d xa:ʂa lalmarʂa ʔilli kba:ris sin whatta ʔaha:lil ʔatʔa:l ʔilli ʔindhun sukkar*
Sure, especially for aged patients and even for families of diabetic kids.
- 16 N7 *keif yisa:ʔidil ʔaha:li maʔalan*
How does it help the families?
- 17 N9 it lets the parent track the movement and exercise of their kid
- 18 N7 yeah you are right that will help them a lot man that will be very helpful
- 19 N9 of course it will be

Conversation 61

- 1 D1 Ahmed you need to give the patient on the file a drip and take his
2 details and bring it to D2
- 3 N6 *ha:ʔa lmalaf ya: dukto:r waji:bu ʔindak yaʔni*
You mean this file, doctor, and I bring it to you
- 4 D1 Ahmed wait let me finish you give a drip then take the patient detail

- 5 and bring it errr bring the file to Dr Majdee's office
6 are you understanding
7 N6 yes but errr
8 D1 yes exactly this office now we are here right in this office
9 N6 but doctor I take *maʕlu:ma:t wa*
[but doctor, I take] details and
10 D1 yes Ahmed this is it nothing difficult right you understand
11 D1 good I like that quick understanding
12 D2 doctor (.) but (..) I *sink* (.) you should repeat it for Ahmed
13 *ya: N6 ʔinta fihimt walla laʔa* {speaking to N6}
[doctor, but I] think [you should reapeat it for Ahmed]. You understood N6 or not?
14 N6 *walla yaʕni* but I do not understand *baʕd ma: ʔa:xuð lmaʕlu:ma:t* take
15 *ʔilmalaf ʕindak willa ʕindu huwa*
Somehow [but I don't understand] after I take the details, I [take] the file to you or to
him?
16 D2 *laʔa ya: N6 rakkiz maʕa:ya ʔawil ʕeiʔ tiʕti:h ʔil* drip
No N6. Concentrate with me. First thing give him the [drip]
17 D2 *wibaʕdi ma: tikmal ilmaʕlu:ma:t tigi:b ʔilmalaf li: fi maktabi xala:ʕ kida*
and after you complete the details, bring the file to my office. OK?
18 D1 did he understand
19 D2 yes but some clarifications are needed
20 D1 I see
21 D2 *fihimt ya ʔaħmad xala:ʕ*
Did you understand, Ahmed?
22 N6 *aha yaʕni ʔilmalaf ʔaji:blak ʔinta wil mari:z ʔaʕti:h* drip OK OK
23 I understand now doctor
Aha, it means I bring the file to you and give the [drip] to the patient! [OK OK I
understand now doctor].
24 D2 *mumta:z kida kwayyis ya ʔaħmad wiʔiza ma fihimt ʔay ħa:ga*
Excellent. If you don't understand anything,
25 D2 *taʕa:la ʕindi wa ʔafahhimak bas di: basi:ʔa yaʕni*
come to me and I will explain it to you. It is easy.
26 N6 no problem *ʔana fa:him ʔilʔa:n* I know doctor it is OK
27 I bring your office file *malaf*
[No problem]. I understood now. [I know doctor. It's OK. I bring your office file] file.
28 D1 yes excellent thank you D2 let us get on

Conversation 62

- 1 D3 *ya: N1 fein il report*

- Where is the [report], N1?
- 2 N1 over there
- 3 D3 on *zə* desk OK right
[on] the [desk. OK, right]?
- 4 N2 *ṭayyib mumkin ṭṭayyik ṣaleih ya:* doctor
OK. Can you check it, [doctor]?
- 5 D3 *la:zim ʔatʔakid min il ḥa:la*
I have to be sure about the case.
- 6 N1 it is good to make sure that
- 7 N2 *ʔin ʔa:ʔ ʔalla:h kuku tama:m*
If God wills, everything is OK.
- 8 D3 if *ənɪsɪŋ* goes wrong just call me
[if] anything [goes wrong, just call me].
- 9 N1 OK sure
- 10 N2 *ʔabfir*
Sure.
- 11 D3 <@> <@>
- 12 N2 *xala:ʃ* doctor
It is over, [doctor].
- 13 N1 OK

Conversation 63

- 1 D1 *ya: ʔaxi ʔilmarʒa za:du xa:ʃʃa fi:* Hajj season *yaʕni*
Brother, patients are increased especially in [Hajj season], I mean.
- 2 D2 *ʃaḥ wallah bas mu: marra* busy it is manageable
Right, but not much [busy. It is manageable]
- 3 D1 it is true *bas ʔana ma:ni ʔa:him ʔeif ʔissabab*
[It's true], but I don't understand the reason.
- 4 D2 in my opinion *huwa ʕadam ʔistixda:m ʔil* mask
[In my opinion], it is not using the [mask].
- 5 D1 *walla ʔeif yifrig yaʕni*
What is the difference?
- 6 D2 *ʔilʔarig ʔilkibi:r* prevention *ma: titʔaθθar bil* virus initially
The big difference [prevention] you will not be affected by [virus initially].
- 7 D1 *bas* also it is helpful *ʔiðan na:s ʔaxaðu il* vaccination *min bida:yat il* season
But [also it is helpful] if people take the [vaccination] from the beginning of the [season].
- 8 D1 *wamaʕ ha:ða* if they use mask *ʔilḥima:yah tku:n ʔakθar*
Additionally, [if they use mask], prevention will be more.
- 9 D2 *kala:mak ʃaḥ bas* we must have strong campaign *ʕafa:n il* public awareness
You are right, but [we must have strong campaign] for the [public awareness].

- 10 D1 *wallah saħ ʔeif ra:yak* next week meeting *ʔinna:qif ilmawzu:ʃ*
 11 with other doctors
 Right. What do you think about [next week meeting] we discuss the issue [with other doctors]?
- 12 D2 *ʔin fa:ʔ ʔalla:h* we should
 If God wills [we should].

Conversation 64

- 1 D17 *ʔagulak ya: N6*
 Listen N6
- 2 N6 *sam D17*
 Yes D17
- 3 D17 next week we will receive new student nurses from the university
- 4 N6 yes I saw your email today morning
- 5 D17 please I want you to mentor them and report me their performance
- 6 N6 well this will be my first time to mentor trainees
- 7 D17 all you have to do is record everyone's performance and email me at the
 8 end of shift I am sure you will be OK *fa:rla sahla winfa:lla ʔinta qaddha*
 [All you have to do is record everyone's performance and email me at the end of shift; I am sure you will be OK]. It is something easy and you will be able to do it.
- 9 N6 *ʔinfa:lla ʔana qaddha*
 I will be able to do it God willing
- 10 D17 *ʔarsalt lak ʔit* training manual *ħatta wil* record sheet
 I sent you the [training manual] and even the [record sheet].
- 11 N6 *ʔayyib tibxa:ni ʔasajjil kul fay ħatta ʔil breikat*
 OK, you want me to record everything even the breaks?
- 12 D17 if you follow the training manual you will find what you should record
- 13 N6 OK I will go through it today evening
- 14 D17 yes please be prepaid before they arrive that is my experience
 15 and tip for you

Conversation 65

- 1 D38 E6 have you collected all the employee surveys
- 2 E6 yes I have collected all the surveys from all the staff except cardio
- 3 thoracic consultants
- 4 D38 *yaxi la:zimit ta:biṣ maṣa:hum kallim ʔil* assistant
Brother, you have to follow up with them. Speak to the [assistant].
- 5 E6 *kallamtu bas ʔil muṣkila ma: ʔala:gi:hum*
I spoke to him but the problem is that I do not find them.
- 6 D38 *ʔaki:d maṣru:li:n maṣis* surgeries *ʔirsilil hum ʔi:meila:t*
Sure they are busy with the [surgeries]. Send them e-mails.
- 7 E6 *ṣaḥ barsilil hum ʔi:meila:t ʔukama:n baṣaddi ṣaleihum fiṣ zuhur*
Right. I will send them e-mails and I will go to them in the afternoon.
- 8 D38 that is a good idea otherwise we will be delayed too much
- 9 E6 I am sure once I find them they will finish it for me I am trying my best
- 10 D38 I am sure E6 you are trying your best but please make sure they are
- 11 done by end of this week
- 12 E6 OK I will inshallah

Appendix III: Interviews

This appendix includes only the extracts of interviews used in the analysis.

SN	P	Ex	E
1.	D1	4.1	Well initially I prefer using English all the time but sometimes I need to use Arabic so I can talk to the patients. In many situations I have difficulty dealing with Saudi nurses especially those who are a bit old. I can't say for sure but mmm I notice that some nurses find it easier to use Arabic, so I have to use Arabic in order to ease the communication and at the end to give the patient good diagnosis and medication.
		4.5	Well initially I prefer using English all the time but sometimes I need to use Arabic so I can talk to the patients. In many situations I have difficulty dealing with Saudi nurses especially those who are a bit old.
		5.10	Even when we use English sometimes we feel that Arabic is more effective for some words.
		5.20	Using Arabic beside English is necessary as you know people do not know much English here. So, I think certain expressions are essential in our job such as /sala:mat/ ['stay healthy'], /la: tʃi:l ham/ ['don't worry'], /ma: fi: xɔ:f/ ['no worries']. They are more meaningful when used in Arabic in order to soften the situation; these expressions are good for patients.
2.	D2	5.6	D3 and D6 understand Arabic but I prefer English when talking about bad news like killing or clashes as you mentioned, I feel that using English softens the sharpness of the situation.
3.	D4	4.13	What the nurses did is something not acceptable, so I try to show them that I'm serious about that because I used to chat and say jokes to them" (Interview with D4).
		5.4	For some words, you know, I avoid using Arabic. I feel it is more convenient to use English instead of Arabic; that is why I said 'severe diarrhea', also it is disgusting.

SN	P	Ex	E
		5.22	In fact I missed the point at the beginning of the conversation that D33 is with us, so when I remembered that he does not understand Arabic, I immediately changed to English with him. You know, it is not good to use Arabic with someone when others cannot understand it.
4.	D7	5.7	The word operation is a word I don't use in such cases, because when a pregnant delivers by operation it is hard to say in Arabic. This is why I used it in English. Another reason is because she is my wife. I want to avoid using the word 'operation' with my wife.
5.	D8	4.8	Nurses above 40 according to my understanding all have diploma degree and they studied nursing or whatever their specialty is in Arabic.
		5.10	I know the English word for / <i>walla:hi</i> / but I feel that the Arabic one is more expressive even when I talk in English or to a non-Arab person.
6.	D13	4.2	When I deal with some nurses or even doctors who are used to using Arabic, they sometimes switch to Arabic uncontrollably, so I have to emphasise that I can't understand them by using English expression like pardon , mmm , excuse me, sorry. Things like that, you know. I think that when I came to the office I thought that the employee speaks English, but he doesn't. So I used some few Arabic words which I know, at least I know some few words which could help me in dealing with people in such situations.
		4.3	It is clearly there is misunderstanding. Although I don't use Arabic but I'm forced to do that when I work with some nurses especially old ones.
7.	D14	5.3	I never used such a term in Arabic. I don't know, there are certain words which must be said in English and everyone in the hospital must understand that. I mix between Arabic and English involuntarily but I mmm I don't know there are situation I prefer to use

SN	P	Ex	E
			English, you know such diseases which I pray to Allah to keep us away from, are hard to say to anyone, for example in Arabic, instead of saying cancer we say the evil disease, you know, they are horrible.
8.	D15	5.24	I don't know how I acted like this, but I'm so serious about things especially when it comes to work. The shift to Arabic here is to lessen the tension and to remove the boundaries; as I think I was so severe towards that person. The word <i>/baladiyyati/</i> 'my hometown fellow' is a very interesting word which describes the bond between you and the one you are referring to. It means we are from the same home.
9.	D17	4.10	I used English here maybe, I don't know, but just to get the attention of D18, so he knows what I am talking about that I am the head.
		4.12	I didn't mean to switch to Arabic, it is something I don't control, you know, I find myself speaking Arabic especially when I am angry. I think Arabic is more effective in this case to remind D4 with the real situation, who is responsible. Now I switched to Arabic just to convey to the listener that I'm number 1 authority.
		5.23	My language represents who I am, that is a good reason for using Arabic here. I showed who I am by using Arabic. By the way I don't do that in other situations. I mean because here it refers to us, Saudis, and our rights, I used Arabic.
10.	D20	5.1	In this case I might be trying to avoid using Arabic in front the patient. So although Arabic is my mother tongue but I prefer English when dealing with emergency cases.
11.	D21	5.2	I'm used to say these words in English. I think we Arab doctors do like this many times. Although I can speak Arabic very well, in certain conditions I don't like to use such words in Arabic because they aren't commonly used in the medical

SN	P	Ex	E
			<p>community. I think I know this word [tumor] in Arabic but I assume that it is shocking.</p> <p>I used Arabic as I think V1 understood what I'm saying, so just to comfort him, I used the word 'active' in English although I used Arabic at the beginning, this could be for the same reason as I did with the word 'tumor'.</p>
		5.5	<p>For me I like to use Arabic with those who speak or prefer to use Arabic but sometimes I find English more convenient than Arabic especially for terms such as 'board', 'accident', 'promotion' and other similar terms, you know, we also avoid using terms that bring bad news in Arabic. I feel that the English equivalents are less direct ones than the Arabic ones.</p>
		5.14	<p>Whatever the conditions of the patient are, we, medical people, try to soften the situation so we use Arabic to be closer to the patient or his relatives, moreover, some terms have to be said in Arabic in order to have their real meaning.</p>
12.	D23	4.7	<p>I'm here for so long in Saudi Arabia, but my study in Syria, you know, I mean medicine has a great impact on me, when I applied for the job in Saudi Arabia, the rules for admission stipulate that I speak English, I do but I prefer Arabic when I explain something to doctors; even with non-Arab doctors, I shift to Arabic all of a sudden; now I use Arabic with you hahaha. In this conversation, it is clear that I prefer Arabic as I shift to English just to go with the flow. In this conversation I used some English words because they are used by everybody in this way in the hospital.</p> <p>Sometimes you need to work with others in a very coherent way, if you do opposite with what they do, you never feel that you are part of the team. So, the majority use English when talking about medical stuff, I think; you see in this recorded material I feel that I try to go with the flow as D4 switches to English. D4 is one of my close and dear colleagues who knows many things about me one of which is that I used to give medicine courses in Arabic when I was in Syria. Now Syria is gone.</p>
13.	D31	5.13	<p>I feel that /tikfa/ has no exact meaning in English. In Arabic it</p>

SN	P	Ex	E
			has more effect that is why I said it in Arabic.
14.	D33	4.2	When we use Arabic with English the communication becomes easy for Arab doctors and nurses, as you know, for some of them English is not always easy.
		5.21	I use Arabic as much as I know to practice the language and in this case I meant it to congratulate D38 in Arabic to let D6 know the Arabic word for congratulation and moreover when we use Arabic with English the communication becomes easy for Arab doctors and nurses, as you know, for some of them English is not always easy.
15.	D36	5.8	Yes, that is necessary sometimes, for certain terms I feel I have to use in one language for example I can say / <i>ma:falla Saleik</i> / in English but I think it loses its meaning.
16.	D38	5.21	I use Arabic and English when non-Arab doctors are involved. I feel that it makes the conversation easy.
17.	E1	4.2	<p>والله ياخي ماني عارف اش اقول لك بس طيب حنا في السعوديه وكل شي هنا بالعربي فأنا توقعته يستخدم عربي او يمكن لان لغتنا ضعيفه والإنجليزية أقوى ، لغتي الانجليزية ماهي ذيك الزود عشان ماعرف اعبر عن نفسي زين ، وإلا يمكن أدور مكان ثاني كله عربي بدل اللخبطة الي حاصل هنا، وأحيانا فرصه انك تتعلم انجليزي.</p> <p>Well, we are in Saudi Arabia and everything here is in Arabic, I expect him to use Arabic, maybe because our language is weak and English is so strong. My English is not up to the required level, so that I cannot express myself very well.</p> <p>والله الانجليزي عندي مره مبح ، استخدمت كلمة (morning) لآتي اعرف من ايام الثانوية ، وبعدين في النقطة الي انت ذكرتها او سمعناها انا مافهمته عشان كذا أكد بانني كررت الكلمه وأشرت على ساعتني. خلها على ربك شغل إشارات.</p> <p>My English is terribly bad. In line 2, I used the word “morning” because I know it since secondary school. In line 3, I didn't understand him [N11], so I confirmed on that by repeating the same thing and pointing on my watch.</p>
18.	E4	4.4	والله ياطويل العمر بالنسبه لي انا أفضل العربي لكن احيانا بعض الأشخاص مايعرفون عربي. انا أواجه مشكله معهم وما اعرف كيف أسوي. ادخل بعض كلمات انجليزية الي اعرفها حتى يسهل

SN	P	Ex	E
			<p>الوضع وأحاول اخليهم يفهموا الي انقال بالعربي. عل العموم E5 ساعدني في ذلك الموقف.</p> <p>For me I prefer Arabic, but sometimes other people do not understand Arabic. I face a problem with them and I don't know what to do. I insert whatever English words I know in order to ease the situation and try to make them understood what is said in Arabic. Anyway, E5 helped me with that situation.</p>
19.	E5	4.4	<p>والله احيانا ما بتذكر بس الي اعرفه ان E4 بيفضل يحكي عربي دائما وانا استخدمت (delivery) لانه استخداما شائع عندنا في المستشفى من اي كلمه عربيه ثانيه وكمان كويس بما ان V3 موجود لانه ما يعرف عربي زي ما انت عارف.</p> <p>I know that E4 prefers Arabic but I used the word 'delivery' because it is more common in the hospital than the Arabic word and also it is good at the presence of V3 who does not know Arabic, you know.</p>
20.	N4	5.25	<p>I like to use Egyptian words with Egyptian doctors. I feel I am close to them.</p>
21.	N8	4.3	<p>I used English here [in line 8] just to show the doctor that I know English and I can use it. I didn't use Arabic because I noticed that he is struggling when he uses Arabic. He thanked me in Arabic, the language I prefer. I replied to that in English, the language he prefers.</p>
22.	N15	5.1	<p>ايوه زي ما قلت لك من قبل استخدمت انا كلمت bleeding بالانجليزي لاني كنت ... والمريض يسمعني.</p> <p>In lines 2 and 4, I used the word 'bleeding' in English because I was attending the patient, and the patient hears me.</p>

SN = serial number; P = participant; Ex = example where the extract is used; E = extract

Appendix IV: Consent Form

CONSENT FORM (*Insert Version number*)

Study title: language alternation in medical setting

Researcher name: Jalal Haris Almathkuri

Study reference:

Ethics reference: 5719

Please initial the box(es) if you agree with the statement(s):

I have read and understood the information sheet (insert date/versionno. of participant information sheet)and have had the opportunity to ask questions about the study.

I agree to take part in this research project and agree for my data to be used for the purpose of this study

I understand my participation is voluntary and I may withdraw at any time without my legal rights being affected

I am happy to be contacted regarding other unspecified research projects. I therefore consent to the University retaining my personal details on a database, kept separately from the research data detailed above. The 'validity' of my consent is conditional upon the University complying with the Data Protection Act and I understand that I can request my details be

participation in this study will be stored on a password protected computer and that this information will only be used for the purpose of this study. All files containing any personal data will be made anonymous.

Name of participant (print name).....

Signature of participant.....

Date.....

Appendix V: Participant Information Sheet

Participant Information Sheet (Face to Face)

Study Title: Language alternation in medical setting

Researcher: Jalal Almathkuri

Ethics number: 5719

Please read this information carefully before deciding to take part in this research. If you are happy to participate you will be asked to sign a consent form.

What is the research about?

This project is a student project and I am working towards getting PHD. I am an international student coming from Saudi Arabia. I am doing this kind of research because it is interesting for both the medical context and the linguistic community in the sense that it aims to understand the communication process in the medical context in Saudi Arabia and it also might to contribute linguistically to understand how code switching happens and why between medical personnel when two languages involved English and Arabic. My research questions are the following:

The main question:

What is the motivation behind code switching in the Saudi medical context?

Sub questions:

- 1- In what contexts does language alternation occur at KAS Hospital?
- 2- What are the functions of language alternation in spoken interactions?
- 3- What are the reasons for language alternation in these medical contexts?

These kinds of questions help me understand what the motivation behind code switching is which is the overarching aim of my research.

Why have I been chosen?

Because you are an active member of the communication process in the hospital, and understanding your behaviour and listening to your comments, view and feedback about code switching help a lot in understanding how the communication process occurs.

What will happen to me if I take part?

Your involvement would be in the form of being observed, being recorded or being interviewed. I will observe your behaviour, the way you talk, what language you use, where, in what situations. I might record some of your actual interactions and then I will interview you about your attitude towards some linguistic things and ask you about your views about what I observe. I might play some of your interactions and ask you about what you think about them. My field work might last for five months and extension may be provided when necessary.

Are there any benefits in my taking part?

I think your taking part is something essential in this kind of research, My project revolves around your actual behaviour, and your views and opinions.

Are there any risks involved?

The only risks which might be involved are related to confidentiality and anonymity and these two issues will be dealt with seriously. So your data will be stored on a password protected computer and this data will be only used for the purpose of this study. As for anonymity, I will give your name pseudonym.

Will my participation be confidential?

Of course yes, your participation will be confidential. I will comply with the Data Protection Act/University policy and your information will be stored and remain confidential (for example, data coded and kept on a password protected computer). Anonymity should also be assured if this is the case, you will be given pseudonyms.

What happens if I change my mind?

You have the right to withdraw at any time without any legal rights being affected.

What happens if something goes wrong?

In the unlikely case of concern or complaint, you can contact or email this person, Prof Ros Mitchell (02380592231, rjm3@soton.ac.uk). She is the chair of the committee.

Research Governance (02380 595058, mad4@soton.ac.uk) is also another contact and email number.

Where can I get more information?

This is my supervisor's contact details:

T 0044 23 8059 3830

E prs1@soton.ac.uk

Appendix VI: Workplace Pictures



Picture 1:



Picture 2: Waiting Room



Picture 3



Picture 4



Picture 5



Picture 6



Picture 7



Picture 8



Picture 9

DIRECTIONS OF PREPARING AND USING CHLORINE- BASED DISINFECTION (CLOROX):

PRODUCT ITEM	INTENDED USE	DILUTION	AVAILABLE
Household bleach (5% sodium hypochlorine with 50000 ppm) (٥% كلورينس)	1. Cleanup blood spills بقع الدم	1 Part bleach to 9 part water. ١:٩ مركز -Contact time at least 10 minutes.	0,5% 5000 ppm
	2. Surface disinfection. الأرضيات والحواسط	1 Part bleach to 50 parts water ٥:١ مركز -Contact time at least 5 minutes, wet surface with bleach solution and allow drying.	0,1% Approx 1:00 ppm
	3. Food surfaces. تنظيف طاولات الطعام	1 Part bleach to 200 parts water ٢٠٠:١ -Contact time at least 2 minutes, during gastroenteritis out break 1: 50 dilution is recommended.	0,025% Approx. 200 ppm
	4 Instruments/ surfaces contaminated. تنظيف أسطح الأجهزة والأدوات الملوثة	1 Part bleach to 1 parts water/ undiluted ١:١ مركز -Contact at 1 hour, then rinse. instruments require sterilization following disinfection.	2,5% to 5% 20000 to 50000 ppm
	5. Furniture (bed frames, mattresses, bedside table, chairs stretchers, wheelchair, laundry, trolleys/ hamper, cabinets, windows, Mops) الآثاث بمراتب، الأسرة الطاولات الجانبية، الكرسي، الكرسي المتحرك، نقل المرضى، عربات نقل الغسيل، الدواليب (المتاح)،	1 bottle in 20 l of water (كلورينس كلورينس مع ٢٠ لتر ماء)	1000ppm
	6. Washbasins- Waste bins- Water المغسل، حاويات النفايات	2.5 ml in 1 liter of water ٢,٥ مل في ١ لتر ماء	140 ppm
	7. Bedpans and urinals, Toilet bowls bathroom	1 bottle in 10 liter of water.	2.500 ppm

Note: 1- contact time 10 minute with bleach solution and allow drying.
2- contact time at least 5 minutes. Wet surface
3- contact time at least 2 minutes. During Gastroenteritis out break 1: 50 dilution is recommended.
4-Contact time 1 hour then rinse. Instrument require sterilization following disinfection.

Picture 10

CHIEF OF MEDICAL STAFF : DR. MATAR ALMALKI

10/20

CODE BLUE TEAM SCHEDULE

DATE	SHIFT	DOCTOR LEADER	ASSISTANT DOCTOR	NURSE SUPERVISOR	NURSE - 1	NURSE - 2	NURSE - 3	NURSE - 4
SUNDAY 10/27/20	1700-1730	Dr. Khudair	Dr. Matar	Betty	Amyth	Jahra Ghaleb	Sana	Affram D.
	1730-1745	Dr. S. Waqid	Dr. Matar	Samir	Anna Marie	Chaham	Detayin	Ashia Theobald
	1745-1760	Dr. Waqid	Dr. Khalil	Raghad	Mimi	Maha B.	Amalshua	Sarah D.
MONDAY 10/28/20	1700-1730	Dr. Khudair	Dr. Abbas	Deba	Elvaira	Byma Harazi	Anna	Munira Jassid
	1730-1745	Dr. S. Waqid	Dr. Matar	Samir	Sarah U.	Mary Ann	Anna Sahrly	Shate
	1745-1760	Dr. Waqid	Dr. Khalil	Shay	Ami T.	Ruth L.	Anna Ghann	Melanie Sappan
TUESDAY 10/29/20	1700-1730	Dr. Khudair	Dr. Matar	Aysha	Amrudeh	Sara Gharan	Shafiq	Shafiq
	1730-1745	Dr. Raad	Dr. Khalil	Samir	Samir	Yusuf K.	Shay	Shay
	1745-1760	Dr. S. Waqid	Dr. Matar	Alex	Anna M.	Mina	Shay	Shay
WEDNESDAY 10/30/20	1700-1730	Dr. Khudair	Dr. Matar	Samir	Samir	Shay	Shay	Shay
	1730-1745	Dr. Raad	Dr. Abbas	Alex	Samir	Shay	Shay	Shay
	1745-1760	Dr. S. Waqid	Dr. Matar	Samir	Samir	Shay	Shay	Shay
THURSDAY 10/31/20	1700-1730	Dr. Khudair	Dr. Matar	Samir	Samir	Shay	Shay	Shay
	1730-1745	Dr. Raad	Dr. Abbas	Alex	Samir	Shay	Shay	Shay
	1745-1760	Dr. S. Waqid	Dr. Matar	Samir	Samir	Shay	Shay	Shay
FRIDAY 11/01/20	1700-1730	Dr. Matar	Dr. Matar	Raghad	Samir	Shay	Shay	Shay
	1730-1745	Dr. Raad	Dr. Abbas	Alex	Samir	Shay	Shay	Shay
	1745-1760	Dr. S. Waqid	Dr. Matar	Samir	Samir	Shay	Shay	Shay
SATURDAY 11/02/20	1700-1730	Dr. A. Waqid	Dr. Matar	Samir	Samir	Shay	Shay	Shay
	1730-1745	Dr. Raad	Dr. Abbas	Alex	Samir	Shay	Shay	Shay
	1745-1760	Dr. S. Waqid	Dr. Matar	Samir	Samir	Shay	Shay	Shay

Dr. Matar Al Malki
 Chief of Medical Staff

Picture 11

Patient and Family Rights

حقوق المرضى وذويهم

- 1- Knowing Patient and Family Rights and Responsibilities.
- 2- Getting Health Care.
- 3- Privacy and Confidentiality.
- 4- Safety and Protection.
- 5- Respect and Appreciation.
- 6- Participation in the Healthcare Plan
- 7- Refuse Treatment
- 8- Health Insurance and Financial Policy.
- 9- Clear and Comprehensive Declaration Forms
- 10- Complaints and Suggestions Policies and Procedures.
- 11- Child Patient, Elderly Patient Rights, and Special Needs Patient Rights.

1. معرفة الحقوق والمسئوليات للمرضى وذويهم
2. الحصول على الرعاية
3. المحافظة على الخصوصية والسرية
4. ضمان الحماية والسلامة.
5. المعاملة بكل احترام وتقدير
6. المشاركة في خطة الرعاية الصحية
7. معرفة الحقوق والمسئوليات عند رفض العلاج.
8. وجود سياسة للتعامل مع التكاليف المادية والتأمين الصحي.
9. وضوح وشمولية نماذج الإقرار (العمليات ...)
10. وجود سياسات وإجراءات للشكاوي والمقترحات.
11. مراعاة الحقوق الخاصة بالطفل والمرضى المسنين وذوي الاحتياجات الخاصة.

Picture 12

Fire Emergency response is defined by the acronym: **R. A.C.E.**

الاستجابة لحالات الحريق الطارئة يتم التعرف عليها بواسطة المختصرات التالية:

R – Rescue or remove all patient and others from danger area to safe area.

التقاذ أو إزالة جميع المرضى و الاخرين من منطقة الخطر الي منطقة الامان

A – Activate alarm and call or have someone call 555

تنشيط التنبيهة و الاتصال على 555

C – Confine the fire. Close the doors and windows well to prevent the fire and smoke to spread

حصر النار : غلق الابواب و النوافذ جيدا لمنع الدخان و النار من التسرب

E – Extinguish the fire

إطفاء الحريق



Fire Extinguisher Operation

THE ACRONYM PASS, DEFINES THE PROPER PROCEDURE:

مختصرات التسمية : تعدد الاجراء المناسب



Pull

استط

P – Pull the pin breaking seal; this will allow you to discharge the extinguisher.

استط بمسمار الامان : هذا سيسمح لك باستخدام الطفاية



Aim

اتجه

A – Aim at the base of the fire

صوب في اتجاه قاعدة الحريق



Squeeze

الضغط

S – Squeeze the handle together;

حرك لكلا اليدين معا في اتجاه الحريق



Sweep

اترك

S – Sweep from side to side until the fire is completely out.

اتركج من جانب الي اخر حتى يتم اطفاء الحريق

Picture 13

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